## Case 18-40647-TLS Doc 1 Filed 04/14/18 Entered 04/14/18 15:56:58 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| DISTRICT OF NEBRASKA                            | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ■ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1:  | Identify Yourself   |   |  |
|---|---|---|--|
|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| You   | r full name   |   |  |
| Write the name that is on your government-issued picture identification (for example, your driver's |   | Timothy First name  | First name   |
| license or passport).   |   | Middle name   |  |
| iden  | tification to your  | Leonard   | Last name and Suffix (Sr., Jr., II, III)   |
| mee   | ting with the trustee.  | Last Harrie and Gullix (Gr., Gr., II, III)  | Last Harrie and Odinx (Or., Or., II, III)  |
|   |   |   |  |
|   |   |   |  |
| you<br>num<br>Indiv<br>Iden   | Social Security ber or federal vidual Taxpayer tification number                  | xxx-xx-2618   |  |
|   | Write your picture examilicent Bring identimee Inclumate Only your num Individent | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's | About Debtor 1:  Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Edward Middle name  Leonard Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number |

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Debtor 1 Timothy Edward Leonard

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|    |   | EINs  | EINs   |  |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | 402 S. 3rd St. Glenvil, NE 68941 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code  County   |  |  |  |
|    |   | County  |  |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |   |   |  |  |  |  |

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Debtor 1 Timothy Edward Leonard

Case number (if known)

| Par | t 2: Tell the Court About   | our Ba      | nkruptcy Ca                                     | ise   |  |   |  |  |  |
|-----|---|-------------|---|---|--|---|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |             |   |   | of each, see <i>Notice Required by</i> page 1 and check the appropriat   | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.  |  |  |  |
|     | choosing to file under  | ☐ Chapter 7 |   |   |  |   |  |  |  |
|     |   | ☐ Cha       | apter 11  |   |  |   |  |  |  |
|     |   | ☐ Cha       | apter 12  |   |  |   |  |  |  |
|     |   | ■ Cha       | apter 13  |   |  |   |  |  |  |
| 8.  | How you will pay the fee  | 6<br>6      | about how yo<br>order. If your<br>a pre-printed | ou may pay. Typi<br>attorney is subm<br>address.  | cally, if you are paying the fee you<br>nitting your payment on your beh | ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with |  |  |  |
|     |   |             |   |   | allments. If you choose this optice (Official Form 103A).                | on, sign and attach the Application for Individuals to Pay  |  |  |  |
|     |   |             | I request that<br>but is not requapplies to you | n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. |  |   |  |  |  |
| 9.  | Have you filed for  | ■ No.       |   |   |  |   |  |  |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes       | š.  |   |  |   |  |  |  |
|     | •   |             | District  |   | When   | Case number   |  |  |  |
|     |   |             | District  |   | When   | Case number   |  |  |  |
|     |   |             | District  |   | When   | Case number   |  |  |  |
| 10. | Are any bankruptcy  | <b>=</b> N. |   |   |  |   |  |  |  |
|     | cases pending or being  | ■ No        |   |   |  |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes       | i.  |   |  |   |  |  |  |
|     |   |             | Debtor  |   |  | Relationship to you   |  |  |  |
|     |   |             | District  |   | When   | Case number, if known   |  |  |  |
|     |   |             | Debtor  |   |  | Relationship to you   |  |  |  |
|     |   |             | District  |   | When   | Case number, if known   |  |  |  |
| 11. | Do you rent your  | ■ No.       | Go to li  | ine 12.   |  |   |  |  |  |
|     | residence?  | ☐ Yes       | . Has yo  | our landlord obtai  | ned an eviction judgment agains  | st you?   |  |  |  |
|     |   |             |   | No. Go to line 1  | 2.   |   |  |  |  |
|     |   |             |   | Yes. Fill out <i>Init</i> this bankruptcy   |  | Judgment Against You (Form 101A) and file it as part of   |  |  |  |
|     |   |             |   |   |  |   |  |  |  |

Debtor 1 Timothy Edward Leonard Case number (if known)

| art | 3: Report About Any Bu  | sinesses               | You Own   | as a Sole Propriet   | or  |  |  |  |
|-----|---|------------------------|---|--|---|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to   | Part 4.  |   |  |  |  |
|     |   | ☐ Yes.                 | Name  | Name and location of business  |   |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name  | of business, if any  |   |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                        |   | er, Street, City, Stat   |   |  |  |  |
|     | it to this petition.  |                        |   |  |   |  |  |  |
|     |   |                        |   |  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |                        |   | -  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|     |   |                        |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |   |  |  |  |
|     |   |                        |   | r (as defined in 11 U.S.C. § 101(6))   |   |  |  |  |
|     |   |                        |   | None of the above  |   |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate is. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ins, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). |  |   |  |  |  |
|     | For a definition of small   | ■ No.                  | I am n  | ot filing under Chap   | ter 11.   |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am fi<br>Code.  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
|     |   | ☐ Yes.                 | I am fi   | ling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| art | 4: Report if You Own or   | Have Any               | Hazardo   | us Property or An  | y Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any  | ■ No.                  |   |  |   |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.                 | What is t   | he hazard?   |   |  |  |  |
|     | identifiable hazard to public health or safety? Or do you own any   |                        |   |  |   |  |  |  |
|     | property that needs immediate attention?  |                        |   | iate attention is why is it needed?  |   |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is  | the property?  |   |  |  |  |
|     |   |                        |   |  | Number, Street, City, State & Zip Code  |  |  |  |

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Debtor 1 Timothy Edward Leonard

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Part 5: Ex

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Timothy Edward Le  | eonard   | Document  | Page 6 of 55 Cas   | e number (if known) |  |  |  |
|------|--|--|---|--|---------------------|--|--|--|
| Part | 6: Answer These Quest  | ions for R   | eporting Purposes   |  |                     |  |  |  |
|      | What kind of debts do you have?  | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose." |  |                     |  |  |  |
|      | you navo.  |  | ☐ No. Go to line 16b.   | , rammy, or modestroid purpose   | <b>.</b>            |  |  |  |
|      |  |  | Yes. Go to line 17.   |  |                     |  |  |  |
|      |  | 16b.   | Are your debts primarily busin money for a business or investment   |  |                     |  |  |  |
|      |  |  | □ No. Go to line 16c.   | one of amought the operation of  | 546665 61           | Trodunona.   |  |  |
|      |  |  | Yes. Go to line 17.   |  |                     |  |  |  |
|      |  | 16c.   | State the type of debts you owe t   | hat are not consumer debts o   | r husiness dehts    |  |  |  |
|      |  | 100.   |   | That are not concurred debte of  | - Dusiness debts    |  |  |  |
| 17.  | Are you filing under Chapter 7?  | ■ No.  | I am not filing under Chapter 7. G  | so to line 18.   |                     |  |  |  |
|      | Do you estimate that after any exempt property is excluded and   | ☐ Yes.   | I am filing under Chapter 7. Do your are paid that funds will be available  |  |                     | cluded and administrative expenses   |  |  |
|      | administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  | □ No  |  |                     |  |  |  |
|      |  |  | □Yes  |  |                     |  |  |  |
| 18.  | How many Creditors do you estimate that you owe?   | ■ 1-49 □ 50-99 □ 100-1 □ 200-9   | 99  | □ 1,000-5,000<br>□ 5001-10,000<br>□ 10,001-25,000  |                     | 25,001-50,000<br>50,001-100,000<br>More than100,000  |  |  |
| 19.  | How much do you estimate your assets to be worth?  | <b>\$</b> 100,   | 550,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 milli □ \$100,000,001 - \$500 mi | on 🗆 S              | \$500,000,001 - \$1 billion<br>\$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion<br>More than \$50 billion |  |  |
| 20.  | How much do you estimate your liabilities to be?   | □ \$100,   | 550,000<br>001 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 milli □ \$100,000,001 - \$500 mi | on $\square$        | \$500,000,001 - \$1 billion<br>\$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion<br>More than \$50 billion |  |  |
| Part | 7: Sign Below  |  |   |  |                     |  |  |  |
| For  | you  | I have ex  | camined this petition, and I declare  | under penalty of perjury that t  | the information pro | ovided is true and correct.  |  |  |
|      |  |  | chosen to file under Chapter 7, I at tates Code. I understand the relief  |  |                     |  |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |                     |  |  |  |
|      |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  |                     |  |  |  |
|      |  | bankrupt<br>and 357  |   |  |                     | by fraud in connection with a coth. 18 U.S.C. §§ 152, 1341, 1519,  |  |  |
|      |  | Timothy  | r Edward Leonard e of Debtor 1  | Signature  | of Debtor 2         |  |  |  |

Executed on

MM / DD / YYYY

Executed on April 13, 2018 MM / DD / YYYY

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Debtor 1 Timothy Edward Leonard

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jessie C. Polson                   | Date          | April 13, 2018                      |
|--|---------------|-------------------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY                      |
| Jessie C. Polson #23646 Printed name   |               |                                     |
| Sam Turco Law Offices, P.C., L.L.O.    |               |                                     |
| Firm name                              |               |                                     |
| 3006 South 87th Street                 |               |                                     |
| Omaha, NE 68124                        |               |                                     |
| Number, Street, City, State & ZIP Code |               |                                     |
| (122) 2.1. 2.2.                        |               | jessie.polson@SamTurcoLawOffices.co |
| Contact phone (402) 614-7171           | Email address | m                                   |
| #23646 NE                              |               |                                     |
| Bar number & State                     |               |                                     |

|      | Case                                | 18-40047-1LS                                    | Doc 1 Filed 04  Docume                                     |  | ю ре  | SC Main                           |
|------|-------------------------------------|---|--|--|-------|-----------------------------------|
| Fill | in this inform                      | ation to identify your                          |  | THE TAGE OF GO   |       |                                   |
| Deb  | otor 1                              | Timothy Edward Lo                               | eonard   |  |       |                                   |
|      |                                     | First Name                                      | Middle Name  | Last Name  |       |                                   |
|      | otor 2<br>ouse if, filing)          | First Name                                      | Middle Name  | Last Name  |       |                                   |
| Uni  | ted States Ban                      | kruptcy Court for the:                          | DISTRICT OF NEBRASE  | KA .   |       |                                   |
|      | se number                           |   |  |  | _     | eck if this is an ended filing    |
| Su   | mmary of                            |   |  | d Certain Statistical Information  |       | 12/15                             |
| info | rmation. Fill or<br>r original form | ut all of your schedule                         | es first; then complete the                                | e information on this form. If you are filing amen<br>the box at the top of this page. |       |                                   |
|      |                                     |   |  |  |       | assets<br>e of what you own       |
| 1.   | Schedule A/I<br>1a. Copy line       | <b>B: Property</b> (Official Fo                 | orm 106A/B)<br>om Schedule A/B                             |  | \$    | 78,931.00                         |
|      | 1b. Copy line                       | 62, Total personal pro                          | perty, from Schedule A/B                                   |  | \$    | 23,946.00                         |
|      | 1c. Copy line                       | 63, Total of all property                       | on Schedule A/B  |  | \$    | 102,877.00                        |
| Par  | t 2: Summa                          | rize Your Liabilities                           |  |  |       |                                   |
|      |                                     |   |  |  |       | <b>liabilities</b><br>unt you owe |
| 2.   |                                     |   | aims Secured by Property (<br>nn A, Amount of claim, at th | Official Form 106D) ne bottom of the last page of Part 1 of Schedule D                 | . \$_ | 54,083.00                         |
| 3.   |                                     |   | Unsecured Claims (Official<br>1 (priority unsecured claims | Form 106E/F)<br>) from line 6e of <i>Schedule E/F</i>                                  | \$    | 0.00                              |
|      | 3b. Copy the                        | total claims from Part                          | 2 (nonpriority unsecured cla                               | nims) from line 6j of Schedule E/F   | \$_   | 21,186.00                         |
|      |                                     |   |  | Your total liabilitie  | s \$  | 75,269.00                         |
| Par  | t 3: Summa                          | rize Your Income and                            | Expenses   |  |       |                                   |
| 4.   | Schedule I: Y<br>Copy your co       | our Income (Official Fo                         | rm 106l)<br>e from line 12 of <i>Schedule</i> i            | l  | \$_   | 3,885.06                          |
| 5.   |                                     | Your Expenses (Official onthly expenses from li |  |  | \$    | 3,290.00                          |
| Par  | t 4: Answer                         | These Questions for                             | Administrative and Statis                                  | tical Records  |       |                                   |

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Timothy Edward Leonard

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,490.51

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | l claim |
|--|-------|---------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00    |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00    |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00    |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00    |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_  | 0.00    |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00    |

|                     | Case   | 18-40647-T   | LS Doc 1                                     |                        | ed 04/14/1<br>cument                   | L8 Entered 04<br>Page 10 of 55   | /14/18 15:5                | 6:58   | Des   | sc Main                            |
|---------------------|--|--|--|------------------------|--|--|----------------------------|--|-------|------------------------------------|
| Fill                | in this inform   | nation to identify                                 | your case and th                             |                        |  | 1 4400 10 01 33  |                            |  |       |                                    |
| Deb                 | otor 1   | Timothy Edwa                                       | ard Leonard                                  |                        |  |  |                            |  |       |                                    |
|                     |  | First Name   |  | Name                   |  | Last Name  |                            |  |       |                                    |
|                     | otor 2   | First Name   | N 4: -1 -11 -                                | Name                   |  | L - of Nove -  |                            |  |       |                                    |
|                     | use, if filing)  | First Name   | Middle                                       | Name                   |  | Last Name  |                            |  |       |                                    |
| Uni                 | ted States Bar   | nkruptcy Court for                                 | the: DISTRICT                                | OF NEI                 | BRASKA                                 |  |                            |  |       |                                    |
| Cas                 | se number  |  |  |                        |  | -  |                            |  |       | Check if this is an amended filing |
| _                   |  | rm 106A/B<br><b>e A/B: Pr</b>                      | -  |                        |  |  |                            |  |       | 12/15                              |
| hink<br>nfor<br>nsv | t it fits best. Be<br>mation. If more<br>wer every quest | e as complete and a<br>space is needed, a<br>tion. | accurate as possible<br>attach a separate sh | e. If two<br>neet to t | married people<br>his form. On the     | n asset fits in more than<br>are filing together, both<br>top of any additional pa<br>n or Have an Interest In | are equally respo          | nsible for s   | upply | ing correct                        |
| Part                |  | ,  | <u> </u>                                     |                        |  |  |                            |  |       |                                    |
| . D                 | o you own or n   | ave any legal or eq                                | uitable interest in a                        | ny resid               | ience, building,                       | land, or similar property  | 77                         |  |       |                                    |
| L                   | No. Go to Part   | 2.   |  |                        |  |  |                            |  |       |                                    |
| -                   | Yes. Where is  | the property?                                      |  |                        |  |  |                            |  |       |                                    |
| 1.1                 |  |  |  | What                   | t is the property                      | ? Check all that apply   |                            |  |       |                                    |
|                     | 402 S. 3rd   |  |  |                        | Single-family h                        | ome  |                            |  |       | or exemptions. Put                 |
|                     | Street address, it                                       | f available, or other desc                         | cription                                     |                        | Duplex or multi                        | i-unit building  |                            | the amount of any secured claims on School<br>Creditors Who Have Claims Secured by Pro |       |                                    |
|                     |  |  |  |                        | Condominium                            | or cooperative   | G. Gamero 11               | no maro ora  |       | sourou sy r roperty.               |
|                     |  |  |  | _                      | Manufactured (                         | or mobile home   |                            |  |       |                                    |
|                     | Glenvil  | NE   | 68941-0000                                   | П                      |  | or mobile nome   | Current val<br>entire prop |  |       | rrent value of the                 |
|                     | City   | State  | ZIP Code                                     |                        |  | ppertv   |                            | 8,931.00   | ро    | \$78,931.00                        |
|                     |  |  |  |                        | Timeshare                              | . ,  |                            |  |       | ownership interest                 |
|                     |  |  |  |                        | Other                                  |  |                            |  |       | by the entireties, or              |
|                     |  |  |  | Who                    | has an interest                        | in the property? Check or  | ne a life estate           | ), if known.   |       |                                    |
|                     | 01   |  |  | _                      |  |  |                            |  |       |                                    |
|                     | Clay   |  |  |                        | 200101 2 0111)                         |  |                            |  |       |                                    |
|                     | County   |  |  |                        |  |  |                            |  | nmun  | ity property                       |
|                     |  |  |  |                        | 7 tt 10000t 0110 01                    | the debtors and another  | `                          | ructions)  |       |                                    |
|                     |  |  |  |                        | r information yo<br>erty identificatio | ou wish to add about this<br>on number:  | s item, such as loo        | al   |       |                                    |
|                     |  |  |  |                        | sonal residend                         |  |                            |  |       |                                    |
|                     |  |  |  |                        |  | : LOTS 13 THRU 16  | BLK 13 KISSI               | NGERS 1  | ST A  | \DD                                |
|                     |  |  |  | GLE                    | NVIL VILLAC                            | GE 4 LOTS  |                            |  |       |                                    |
|                     |  |  |  |                        | essor valuation<br>w estimate: \$      | on 2017: \$71,035.00<br>\$78.931.00  | *2018 unavaila             | able   |       |                                    |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$78,931.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document

Debtor 1 Timothy Edward Leonard 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: HHR LT Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2009 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 113,000+ entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another NADA clean trade-in \$2,825.00 \$2,825.00 value:\$2,825.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: F150 pickup Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 1987 Debtor 2 only Current value of the Current value of the 151.000+ portion you own? Approximate mileage: Debtor 1 and Debtor 2 only entire property? Other information: At least one of the debtors and another \$800.00 \$800.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Camaro base 2 door Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 1971 Year: Debtor 2 only Current value of the Current value of the 86.000+ Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? ☐ At least one of the debtors and another Other information: NADA low retail:\$8,550.00. Debtor \$9,000.00 \$9,000.00 believes it has a fair market value ☐ Check if this is community property (see instructions) of \$9,000.00 Do not deduct secured claims or exemptions. Put Lincoln Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Towncar Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2001 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 152,000+ entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another NADA clean trade-in \$2,400.00 \$2,400.00 value:\$2,400.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one 3.5 Make: the amount of any secured claims on Schedule D: Camaro Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only Year 1981 Debtor 2 only Current value of the Current value of the Approximate mileage: 125,000+ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another NADA average retail:\$5,950.00 \$5.950.00 \$5.950.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No

□ Yes

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Document Page 12 of 55 Case number (if known) Debtor 1 Timothy Edward Leonard 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,975.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$600.00 Household goods & furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$800.00 Televisions (2), Laptop, smartphone, stereo 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... \$300.00 US Navy Flag 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$350.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ Yes. Describe.....

### 13. Non-farm animals

Examples: Dogs, cats, birds, horses

□ No

Yes. Describe.....

Filed 04/14/18 Case 18-40647-TLS Doc 1 Entered 04/14/18 15:56:58 Desc Main Document Page 13 of 55 Case number (if known) Debtor 1 Timothy Edward Leonard 1 Dog. No economic value \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,050.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash on hand \$421.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$450.00 Five Points Bank checking account 17.1. Cornerstone Bank checking account \$50.00 17.2. Paypal bank account \$0.00 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name:

Official Form 106A/B Schedule A/B: Property page 4

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

21. Retirement or pension accounts

☐ No

|     |                     | Case 18-4                                      | 0647-TLS   | Doc 1         | Filed 04/14/18<br>Document P                             | Entered 04/<br>age 14 of 55 | 14/18 15:56:58             | Desc Main  |
|-----|---------------------|--|--|---------------|--|-----------------------------|----------------------------|--|
| De  | btor 1              | Timothy Ed                                     | dward Leonard  |               |  |                             | ase number (if known)      |  |
| ı   | Yes                 | . List each acco                               | ount separately.<br>Type of acc                          | count:        | Institution nam  | e:                          |                            |  |
|     |                     |  |  |               | VA disability  |                             |                            | Unknown  |
|     |                     |  |  |               |  |                             |                            |  |
|     | Your<br><i>Exan</i> | share of all unu                               |  | have made     | e so that you may continuent, public utilities (electric |                             |                            | , or others  |
|     | ■ No<br>□ Yes       |  |  |               | Institution nam  | e or individual:            |                            |  |
| 23. | Annu                | ities (A contrac                               | t for a periodic pa                                      | yment of mo   | oney to you, either for life                             | or for a number of y        | ears)                      |  |
| _   | No                  |  | Issuer name and  | l description |  |                             |                            |  |
|     |                     |  |  | ·             |  |                             |                            |  |
|     |                     |  | ation IRA, in an a<br>), 529A(b), and 5                  |               | a qualified ABLE progra                                  | am, or under a quali        | fied state tuition progra  | am.  |
|     |                     |  | Institution name   | and descrip   | otion. Separately file the r                             | ecords of any interes       | ts.11 U.S.C. § 521(c):     |  |
| 25. | Trust               | s, equitable or                                | future interests   | in property   | y (other than anything li                                | sted in line 1), and I      | rights or powers exerci    | sable for your benefit                                       |
|     | ■ No<br>□ Yes       | Give specific                                  | information abou   | t them        |  |                             |                            |  |
|     |                     | ·  |  |               | , and other intellectual                                 | oronarty                    |                            |  |
|     |                     |  |  |               | ceeds from royalties and                                 |                             | }                          |  |
| I   | □ Yes               | . Give specific                                | information abou   | t them        |  |                             |                            |  |
|     | Exan                |  | s, and other gen<br>permits, exclusive                   |               | ibles<br>ooperative association he                       | oldings, liquor license     | es, professional licenses  |  |
|     | ■ No<br>□ Yes       | . Give specific                                | information abou   | t them        |  |                             |                            |  |
| Мо  | ney o               | r property owe                                 | d to you?  |               |  |                             |                            | Current value of the   |
|     |                     |  |  |               |  |                             |                            | portion you own? Do not deduct secured claims or exemptions. |
| _   | _                   | efunds owed to                                 | you  |               |  |                             |                            |  |
|     | ⊒ No<br>■ ∨as       | Give specific i                                | nformation about   | them inclu    | ding whether you already                                 | filed the returns and       | the tay years              |  |
|     | _ 103               | . Olve specific i                              | mormation about  | tricin, moid  | unig whether you already                                 | nica the returns and        | the tax years              |  |
|     |                     |  |  |               | ax refund: Debtor is no<br>x returns.                    | t required to file          |                            | \$0.00   |
|     |                     |  |  | ,             |  |                             |                            |  |
| _   | Exan                | y support<br>nples: Past due                   | or lump sum alim   | iony, spousa  | al support, child support,                               | maintenance, divorce        | e settlement, property se  | ttlement   |
|     | ■ No<br>□ Yes       | . Give specific i                              | nformation   |               |  |                             |                            |  |
| 30. |                     | nples: Unpaid w                                | eone owes you<br>ages, disability in<br>unpaid loans you |               | yments, disability benefits<br>omeone else               | s, sick pay, vacation       | pay, workers' compensa     | tion, Social Security  |
| _   | ■ No                | Give specific                                  | information  |               |  |                             |                            |  |
|     |                     | . Give specific                                |  |               |  |                             |                            |  |
| _   | Exan                | e <b>sts in insurand</b><br>Inples: Health, di |  | surance; hea  | alth savings account (HS                                 | A); credit, homeowne        | r's, or renter's insurance |  |
| - 1 | No                  |  |  |               |  |                             |                            |  |

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|---|---------------------------|---|----------------------------|
| Debtor 1 Timothy Edward Leonard   | Document P                | Case number (if known)                          |                            |
| ☐ Yes. Name the insurance company of each polic Company name:   | y and list its value.     | Beneficiary:                                    | Surrender or refund value: |
| <ul> <li>32. Any interest in property that is due you from so If you are the beneficiary of a living trust, expect p someone has died.</li> <li>■ No</li> <li>□ Yes. Give specific information</li> </ul>   |                           | rance policy, or are currently entitled to rece | eive property because      |
| 33. Claims against third parties, whether or not you Examples: Accidents, employment disputes, insur∎ No □ Yes. Describe each claim   |                           |   |                            |
| 34. Other contingent and unliquidated claims of events and the second s | ery nature, including c   | ounterclaims of the debtor and rights to        | set off claims             |
| 35. Any financial assets you did not already list  ■ No  □ Yes. Give specific information   |                           |   |                            |
| 36. Add the dollar value of all of your entries from for Part 4. Write that number here   |                           |   | \$921.00                   |
| Part 5: Describe Any Business-Related Property You Ow   | n or Have an Interest In. | List any real estate in Part 1.                 |                            |
| 37. Do you own or have any legal or equitable interest in a   | iny business-related prop | erty?   |                            |
| ■ No. Go to Part 6.   |                           |   |                            |
| ☐ Yes. Go to line 38.   |                           |   |                            |
| Part 6: Describe Any Farm- and Commercial Fishing-Rel If you own or have an interest in farmland, list it in Pa   |                           | r Have an Interest In.                          |                            |
| 46. Do you own or have any legal or equitable inter   | est in any farm- or cor   | nmercial fishing-related property?              |                            |
| ■ No. Go to Part 7.   |                           |   |                            |
| Yes. Go to line 47.   |                           |   |                            |
| Part 7: Describe All Property You Own or Have an I  | nterest in That You Did N | ot List Above                                   |                            |
| 53. Do you have other property of any kind you did <i>Examples:</i> Season tickets, country club membersh ■ No  |                           |   |                            |
| ■ No □ Yes. Give specific information   |                           |   |                            |
| 54. Add the dollar value of all of your entries from  | Part 7. Write that num    | ber here  | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 6

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Case number (if known) Debtor 1 **Timothy Edward Leonard** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$78,931.00 Part 2: Total vehicles, line 5 \$20,975.00 57. Part 3: Total personal and household items, line 15 \$2,050.00 Part 4: Total financial assets, line 36 58. \$921.00 Part 5: Total business-related property, line 45 \$0.00 59. Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$23,946.00 \$23,946.00 Copy personal property total

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$102,877.00

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| Fill in this information to identify your case: |                             |  |  |  |  |  |
|---|-----------------------------|--|--|--|--|--|
| Timothy Edward L                                | eonard                      |  |  |  |  |  |
| First Name                                      | Middle Name                 | Last Name  |  |  |  |  |
|   |                             |  |  |  |  |  |
| First Name                                      | Middle Name                 | Last Name  |  |  |  |  |
| kruptcy Court for the:                          | DISTRICT OF NEBRASKA        |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  | ☐ Check if this is an amended filing   |  |  |  |
|   | Timothy Edward L First Name | Timothy Edward Leonard  First Name Middle Name  First Name Middle Name | Timothy Edward Leonard  First Name Middle Name Last Name  First Name Middle Name Last Name |  |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | ne Property | You Claim | as Exempt |
|---------|------------|-------------|-----------|-----------|
|---------|------------|-------------|-----------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property  | Current value of the Amou portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemption    |  |
|--|---|-----|---|---------------------------------------|--|
|  | Copy the value from<br>Schedule A/B       | Che | eck only one box for each exemption.                            |                                       |  |
| 402 S. 3rd St. Glenvil, NE 68941 Clay County   | \$78,931.00                               |     | \$60,000.00   | Neb. Rev. Stat. §§ 40-101 -<br>40-118 |  |
| personal residence Legal description: LOTS 13 THRU 16 BLK 13 KISSINGERS 1ST ADD GLENVIL VILLAGE 4 LOTS Assessor valuation 2017: \$71,035.00 *2018 unavailable Zillow estimate: \$78,931.00 Line from Schedule A/B: 1.1 | ן   |     | 100% of fair market value, up to any applicable statutory limit |                                       |  |
| 1971 Chevrolet Camaro base 2 door<br>86,000+ miles   | \$9,000.00                                |     | \$1,279.00  | Neb. Rev. Stat. § 25-1552             |  |
| NADA low retail:\$8,550.00. Debtor believes it has a fair market value of \$9,000.00 Line from <i>Schedule A/B</i> : 3.3   |   |     | 100% of fair market value, up to any applicable statutory limit |                                       |  |
| Household goods & furniture Line from Schedule A/B: 6.1  | \$600.00                                  |     | \$600.00  | Neb. Rev. Stat. § 25-1556 (3)         |  |
| Line from Generalic AVD. U. I  |   |     | 100% of fair market value, up to any applicable statutory limit |                                       |  |

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Case number (if known)

| ns (2), Laptop, smartphone,  Schedule A/B: 7.1  Flag Schedule A/B: 8.1  Schedule A/B: 11.1 | \$300.00 \$350.00   | Che  | \$800.00  100% of fair market value, up to any applicable statutory limit  \$300.00  100% of fair market value, up to any applicable statutory limit   | Neb. Rev. Stat. § 25-1556 (3)  Neb. Rev. Stat. § 25-1552  Neb. Rev. Stat. § 25-1556(2)   |
|--|---|--|--|--|
| Schedule A/B: 7.1  Flag Schedule A/B: 8.1  | \$300.00  | •  | 100% of fair market value, up to any applicable statutory limit \$300.00  100% of fair market value, up to   | Neb. Rev. Stat. § 25-1552  |
| Flag<br>Schedule A/B: 8.1  |   | •  | \$300.00 100% of fair market value, up to  |  |
| Schedule A/B: 8.1  |   |  | 100% of fair market value, up to   |  |
|  | \$350.00  |  | · · · · · · · · · · · · · · · · · · ·  | Neb Rev Stat & 25-1556(2)  |
| Schedule A/B: 11.1   | \$350.00  |  |  | Neb Rev Stat & 25-1556(2)  |
| Goriedale AVD. 11.1  |   |  | \$350.00   | 1105. 1101. Oldi. 3 20 1000(2)   |
|  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| hand<br>Schedule A/B: 16.1   | \$421.00  |  | \$421.00   | Neb. Rev. Stat. § 25-1552  |
| Scriedule A/B. 10.1  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| nts Bank checking account  | \$450.00  |  | \$450.00   | Neb. Rev. Stat. § 25-1552  |
| Scriedule A/D. 17.1  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| one Bank checking account  | \$50.00   |  | \$50.00  | Neb. Rev. Stat. § 25-1552  |
| Scriedule AVD. 17.2  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| ility  | Unknown   |  | Unknown  | Neb. Rev. Stat. § 25-1563.0  |
| Scriedule A/D. 21.1  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| iis  | Inne Bank checking account Schedule A/B: 17.2  Schedule A/B: 21.1  aiming a homestead exemption adjustment on 4/01/19 and every | Ine Bank checking account Schedule A/B: 17.2  Schedule A/B: 17.2  Unknown  Adjustment on 4/01/19 and every 3 years after that for calculations are considered by the exemption with the constant of the consta | ts Bank checking account Schedule A/B: 17.1  The Bank checking account Schedule A/B: 17.2  The Bank checking account Schedule A/B: 17.1  The Bank checking account Schedule A/B: 17.2  The Bank checking accou | ss Bank checking account S450.00 \$450.00 \$450.00 \$450.00 \$ |

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| Fill in this information   |   | Document   | Page 19        | ot 55   |  |                          |
|--|---|--|----------------|---|--|--------------------------|
|  | to identify you                                     | r case:  |                |   |  |                          |
| Debtor 1 Tir   | mothy Edward I                                      | eonard   |                |   |  |                          |
|  | t Name  |  | Last Name      |   |  |                          |
| Debtor 2   |   |  |                |   |  |                          |
| (Spouse if, filing) Firs   | t Name  | Middle Name  | Last Name      |   |  |                          |
| United States Bankrupt   | cy Court for the:                                   | DISTRICT OF NEBRASKA   |                |   |  |                          |
| Case number  |   |  |                |   |  |                          |
| (if known)   |   |  |                |   | ☐ Check                                      | if this is an            |
|  |   |  |                |   | amend  | led filing               |
| 000 1 1 5 40   | ٥.  |  |                |   |  |                          |
| Official Form 10   | <u>6D</u>   |  |                |   |  |                          |
| Schedule D: (  | Creditors   | Who Have Claims S  | ecured         | by Propert  | у  | 12/15                    |
| s needed, copy the Addit<br>number (if known).   | ional Page, fill it o                               | two married people are filing together ut, number the entries, and attach it to  |                |   |  |                          |
| I. Do any creditors have o   | -   |  |                |   |  |                          |
|  | oox and submit th                                   | is form to the court with your other so  | chedules. Yo   | u have nothing else t                                   | o report on this form.                       |                          |
| Yes. Fill in all of  | the information b                                   | pelow.   |                |   |  |                          |
| Part 1: List All Sec   | ured Claims   |  |                |   |  |                          |
| 2. List all secured claims   | If a creditor has m                                 | nore than one secured claim, list the credit   | tor separately | Column A  | Column B                                     | Column C                 |
|  |   | a particular claim, list the other creditors in<br>al order according to the creditor's name.  | n Part 2. As   | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Seterus, Inc.  |   | Describe the property that secures the   |                | \$54,083.00   | \$78,931.00                                  | \$0.00                   |
|  |   | 402 S. 3rd St. Glenvil, NE 6894<br>County<br>personal residence<br>Legal description: LOTS 13 THR<br>BLK 13 KISSINGERS 1ST ADD   | RU 16          |   |  |                          |
| Attn: Bankruntc  | v.  | GLENVIL VILLAGE 4 LOTS<br>Assessor valuation 2017: \$71,0<br>*2018 unavailable<br>Zillow estimate: \$78,931.00   |                |   |  |                          |
| Attn: Bankrupto<br>Po Box 1077<br>Hartford, CT 06  | •   | Assessor valuation 2017: \$71,0<br>*2018 unavailable<br>Zillow estimate: \$78,931.00<br>As of the date you file, the claim is: Chapply.  |                |   |  |                          |
| Po Box 1077  | 143   | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00 As of the date you file, the claim is: Chapply.  Contingent   |                |   |  |                          |
| Po Box 1077<br>Hartford, CT 06   | 143   | Assessor valuation 2017: \$71,0<br>*2018 unavailable<br>Zillow estimate: \$78,931.00<br>As of the date you file, the claim is: Chapply.  |                |   |  |                          |
| Po Box 1077<br>Hartford, CT 06   | 143<br>tate & Zip Code                              | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00 As of the date you file, the claim is: Chapply.  Contingent Unliquidated  |                |   |  |                          |
| Po Box 1077<br>Hartford, CT 06<br>Number, Street, City, St   | 143<br>tate & Zip Code                              | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00  As of the date you file, the claim is: Chapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as more   | neck all that  | ıred  |  |                          |
| Po Box 1077 Hartford, CT 06 Number, Street, City, St   | 143<br>tate & Zip Code                              | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00 As of the date you file, the claim is: Chapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.   | neck all that  | ured  |  |                          |
| Po Box 1077 Hartford, CT 06 Number, Street, City, St  Who owes the debt? Cl  Debtor 1 only                                   | 143<br>tate & Zip Code<br>neck one.                 | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00  As of the date you file, the claim is: Chapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as more   | neck all that  | ured  |  |                          |
| Po Box 1077 Hartford, CT 06 Number, Street, City, Si Who owes the debt? Cl Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 | 143<br>tate & Zip Code<br>neck one.                 | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00  As of the date you file, the claim is: Chapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mocar loan)  | neck all that  | ured  |  |                          |
| Po Box 1077 Hartford, CT 06 Number, Street, City, St  Who owes the debt? Cl  Debtor 1 only Debtor 2 only                     | 143 tate & Zip Code neck one. only tors and another | Assessor valuation 2017: \$71,0 *2018 unavailable Zillow estimate: \$78,931.00  As of the date you file, the claim is: Chapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mo car loan)  Statutory lien (such as tax lien, mechal | neck all that  | ured  |  |                          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

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| Debtor | 1 Timothy Edwa  | ard Leonard |           | Case number (if know)  |
|--------|---|-------------|-----------|--|
|        | First Name  | Middle Name | Last Name |  |
| ;      | Name, Number, Stree<br>SouthLaw PC<br>13160 Foster, Ste<br>Overland Park, K |             |           | On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number |

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| Fill in this  | information to identify your   | Document   | Page 2  | 1 of 55   |   |
|---|--|--|---|---|---|
|   |  |  |   |   |   |
| Debtor 1  | Timothy Edward Le  | eonard<br>Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse if, filin                                 | g) First Name  | Middle Name  | Last Name   |   |   |
| United Stat   | es Bankruptcy Court for the:   | DISTRICT OF NEBRASKA   |   |   |   |
| Case numb   | per  |  |   |   | ☐ Check if this is an amended filing  |
| Schedu  |  | ho Have Unsecured  |   |   | 12/15   |
| any executor<br>Schedule G:<br>Schedule D:<br>left. Attach th | ry contracts or unexpired leases<br>Executory Contracts and Unexp<br>Creditors Who Have Claims Sec | e Part 1 for creditors with PRIORITY that could result in a claim. Also lis irred Leases (Official Form 106G). Do ured by Property. If more space is note. If you have no information to rep | st executory c<br>o not include :<br>leeded, copy t | ontracts on Schedule A/B: Proper<br>any creditors with partially secure<br>he Part you need, fill it out, numbe | ty (Official Form 106A/B) and on<br>d claims that are listed in<br>er the entries in the boxes on the |
| Part 1:   | List All of Your PRIORITY Un   | secured Claims   |   |   |   |
| 1. Do any   | creditors have priority unsecure   | d claims against you?  |   |   |   |
| No. 0   | Go to Part 2.  |  |   |   |   |
| ☐ Yes.  |  |  |   |   |   |
| Part 2:   | List All of Your NONPRIORIT  | Y Unsecured Claims   |   |   |   |
|   | creditors have nonpriority unsec   | cured claims against you? art. Submit this form to the court with y  | our other sche                                      | edules.   |   |
| unsecure  | ed claim, list the creditor separately   | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>st the other creditors in Part 3.If you h   | identify what to                                    | ype of claim it is. Do not list claims al   | ready included in Part 1. If more   |
|   |  |  |   |   | Total claim   |
|   | y Financial  | Last 4 digits of acco  | ount number   | 9115  | \$0.00  |
| Att<br>Po   | n: Bankruptcy<br>Box 380901<br>Domington, MN 55438   | When was the debt  | incurred?   | Opened 01/09 Last Active 10/09/13   |   |
| Nur   | mber Street City State Zlp Code o incurred the debt? Check one.                                    | As of the date you fi  | ile, the claim i                                    | s: Check all that apply   |   |
|   | Debtor 1 only  | ☐ Contingent   |   |   |   |
|   | Debtor 2 only  | ☐ Unliquidated   |   |   |   |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |   |
|   | At least one of the debtors and and  | _  | TY unsecured  | I claim:  |   |
| □<br>deb  | Check if this claim is for a comr  |  | a out of a sona                                     | ration agreement or divorce that you  | did not   |
|   | he claim subject to offset?  | report as priority clain   | ns  | ration agreement of divorce that you  | did fiot  |
|   | No   | ☐ Debts to pension   | or profit-sharin                                    | g plans, and other similar debts  |   |
|   | Yes  | ■ Other Specify A  | Automobile  |   |   |

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| Debtor ' | Timothy Edward Leonard   |  | Case number (if know)            |            |
|----------|--|--|----------------------------------|------------|
|          | Ally Financial Nonpriority Creditor's Name   | Last 4 digits of account number  | 7811                             | \$0.00     |
|          | Attn: Bankruptcy Po Box 38090 Bloomington, MN 55438                                    | When was the debt incurred?  | Opened 04/06 Last Active 1/20/09 |            |
| -        | Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim   | is: Check all that apply         |            |
|          | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |                                  |            |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                                    | d claim:                         |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?          | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims |                                  |            |
|          | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts |            |
|          | Yes  | Other. Specify Automobile  |                                  |            |
|          | Bank Of America Nonpriority Creditor's Name  | Last 4 digits of account number  | 8107                             | Unknown    |
|          | Attn: Bankruptcy<br>Po Box 982238<br>El Paso, TX 79998                                 | When was the debt incurred?  | Opened 06/05 Last Active 8/18/14 |            |
| -        | Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim   | is: Check all that apply         |            |
|          | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |                                  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                                     | d claim:                         |            |
|          | At least one of the debtors and another  Check if this claim is for a community        | Student loans  |                                  |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                   |                                  |            |
|          | No   | Debts to pension or profit-sharing   |                                  |            |
|          | Yes  | Other. Specify Real Estate   | Mortgage                         |            |
|          | Barclays Bank Delaware Nonpriority Creditor's Name                                     | Last 4 digits of account number  | 2047                             | \$4,870.00 |
|          | Attn: Correspondence Po Box 8801 Wilmington, DE 19899                                  | When was the debt incurred?  | Opened 09/08 Last Active 7/10/17 |            |
| _        | Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim   |                                  |            |
|          | Debtor 1 only  | ☐ Contingent   |                                  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |                                  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  |                                  |            |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa                          |                                  |            |
|          | Is the claim subject to offset?  | report as priority claims  |                                  |            |
|          | No   | Debts to pension or profit-sharing   | g plans, and other similar debts |            |
|          | Yes  | Other. Specify Credit Card   |                                  |            |

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| Dept | or 1 _Timothy Edward Leonard   |  | Case number (if kr       | now)                     |          |
|------|--|--|--------------------------|--------------------------|----------|
| 4.5  | Capital One  | Last 4 digits of account number  | 1834                     |                          | \$0.00   |
|      | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?  | Opened 02/04<br>3/08/08  | Last Active              |          |
|      | Number Street City State Zlp Code  | As of the date you file, the claim   | is: Check all that app   | ly                       |          |
|      | Who incurred the debt? Check one.  |  |                          |                          |          |
|      | ■ Debtor 1 only  | ☐ Contingent   |                          |                          |          |
|      | Debtor 2 only  | ☐ Unliquidated   |                          |                          |          |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                          |                          |          |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                 |                          |          |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset?     | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or o   | divorce that you did not |          |
|      | ■ No   | Debts to pension or profit-sharir  | ng plans, and other sir  | milar debts              |          |
|      | ☐ Yes  | ■ Other. Specify Credit Card   | •                        |                          |          |
| 4.6  | Carey's Pest Control, Inc.  Nonpriority Creditor's Name                            | Last 4 digits of account number  |                          |                          | \$333.00 |
|      | PO Box 895   | When was the debt incurred?  |                          |                          |          |
|      | Hastings, NE 68902  Number Street City State Zlp Code                              | As of the date you file, the claim   | is: Check all that app   | ly                       |          |
|      | Who incurred the debt? Check one.  | •  |                          | •                        |          |
|      | Debtor 1 only  | ☐ Contingent   |                          |                          |          |
|      | Debtor 2 only  | ☐ Unliquidated   |                          |                          |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                          |                          |          |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                 |                          |          |
|      | Check if this claim is for a community   | Student loans  |                          |                          |          |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                 | aration agreement or o   | divorce that you did not |          |
|      | ■ No   | Debts to pension or profit-sharing   | ng plans, and other sir  | milar debts              |          |
|      | Yes  | Other. Specify   |                          |                          |          |
| 4.7  | Citifinancia   | Last 4 digits of account number  | 8577                     | _                        | \$0.00   |
|      | Nonpriority Creditor's Name Attn: Bankruptcy 605 Munn Dr Fort Mill, SC 29715       | When was the debt incurred?  | Opened 9/30/0<br>2/28/11 | 09 Last Active           |          |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim is: Check all that apply                  |                          |                          |          |
|      | Debtor 1 only  | ☐ Contingent   |                          |                          |          |
|      | Debtor 2 only  | ☐ Unliquidated   |                          |                          |          |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                          |                          |          |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                 |                          |          |
|      | ☐ Check if this claim is for a community   | Student loans  |                          |                          |          |
|      | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                   | aration agreement or o   | divorce that you did not |          |
|      | ■ No   | Debts to pension or profit-sharing   | ng plans, and other sir  | milar debts              |          |
|      | Yes  | ■ Other. Specify Unsecured   |                          |                          |          |
|      |  | · · ·  |                          |                          |          |

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Case number (if know)

| Nonpriority Creditor's Name 1402 West 2nd St. Hastings, NE 68901 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Pes  No Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Who incurred the debt or and in the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify   | Debtor ' | 1 Timothy Edward Leonard                                     |   | Case number (if know)            |            |  |  |
|--|----------|--|---|----------------------------------|------------|--|--|
| Attn: BanKruptcy 605 Mum Dr Fort Mill, Sc 29715 Number Street City State 2ip Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Dilipudated  |          |  | Last 4 digits of account number                     | 5668                             | \$0.00     |  |  |
| Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 only   Contingent   Unliquidated   Debtor 2 only   Debtor 2 only   Debtor 3 and pebtor 2 only   Debtor 3 and 2 pebtor 3 and 2 pebtor 3 and 2 pebtor 3 and 3 pebtor 3 pebtor 3 pebtor 3 pebtor 3 pebtor 4 pebtor 3 pebtor 4 pebtor 4 pebtor 4 pebtor 4 pebtor 4 pebtor 5 pebtor 4 pebtor 5 pebtor 6 pebt   |          | Attn: Bankruptcy<br>605 Munn Dr                              | When was the debt incurred?                         |                                  |            |  |  |
| Debtor 2 only   Disjounds     At least one of the debtors and another   Check if this claim is for a community debt     Disjounds   Disjounds     At least one of the debtors and another   Check if this claim subject to offset?     No   Disjounds   Disjounds     Disjounds   Disjounds     Disjounds   Disjounds     Disjounds   Disjounds     Disjounds   Disjounds     Disjounds   Disjounds   Disjounds     Disjounds   Disjounds   Disjounds     Disjounds   Disjounds   Disjounds     No   Debtor   Debtor   Debtor   Debtor     No   Debtor   Debtor   Debtor   Debtor     No   Debtor   Debtor   Debtor   Debtor   Debtor     No   Debtor   Debtor   Debtor   Debtor   Debtor   Debtor   Debtor     Debtor   Deb   | _        | Number Street City State ZIp Code                            | As of the date you file, the claim                  | is: Check all that apply         |            |  |  |
| Debtor 1 and Debtor 2 only   |          | _  |   |                                  |            |  |  |
| Check if this claim is for a community debt   State claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the state of the debt of the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the debts of the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Power of the debts    |          | Debtor 1 and Debtor 2 only                                   | ☐ Disputed  | d claim:                         |            |  |  |
| Debts to pension or profit-sharing plans, and other similar debts  |          | ☐ Check if this claim is for a community debt                | ☐ Student loans ☐ Obligations arising out of a sepa |                                  |            |  |  |
| A3   Dial Heating & Air Conditioning   Nonpriority Creditor's Name   1402 West 2nd St.   Hastings, NE 68901   As of the date you file, the claim is: Check all that apply   As of the date you file, the claim is: Check all that apply   Contingent   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 4 and Debtor 3 only   Debtor 1 sthe claim subject to offset?   Debts 1 pension or profit-sharing plans, and other similar debts   As of the date you file, the claim is: Check all that apply   At least one of the debtors and another   Debts 1 pension or profit-sharing plans, and other similar debts   Debts 1 pension or profit-sharing plans, and other similar debts   Debts 1 pension or profit-sharing plans, and other similar debts   Debts 1 pension or profit-sharing plans   Debts 1 pension or profit-sharing plans   Debts 2 pension or profit-sharing plans   Debts 3 pension or profit-sharing plans   Debts 4 pension or profit-sharing plans   Debts 4 pension or profit-sharing    |          | _  | <u> </u>  | g plans, and other similar debts |            |  |  |
| Nonpriority Creditor's Name 1402 West 2nd St. Hastings, NE 68901 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor to offset? Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Disputed Type of NonPriority claims Debtor 4 offset? Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 6 offset? Debtor 1 and Debtor 6 offset? Debtor 1 and Debtor 8 offset? Debtor 1 and Debtor 8 offset 8 one of the debtors and another Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 1 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 1 only  |          | Yes  | Other. Specify Unsecured                            |                                  |            |  |  |
| Hastings, NE 68901 Number Street City State Zip Code Who Incurred the debt? Check one.  Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NonPriority claims Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NonPriority unsecured claim: Student loans Debtor 3 only Debtor 4 confiscer Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Disputed Type 6 NonPRIORITY unsecured claim: Student loans Debtor 8 only 10  | 4.9      | Dial Heating & Air Conditioning  Nonpriority Creditor's Name | Last 4 digits of account number                     |                                  | \$246.00   |  |  |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Show and show a state of the claim subject to offset?  At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 at least one of the debtors and another Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor |          | Hastings, NE 68901   | When was the debt incurred?                         |                                  |            |  |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Other. Sp  |          |  | As of the date you file, the claim i                | is: Check all that apply         |            |  |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Objection or profit-sharing plans, and other similar debts □ Other. Specify □ Objection or profit-sharing plans, and other similar debts □ Other. Specify □ Objection or profit-sharing plans, and other similar debts □ Other. Specify □ Other. Specify □ Other. Specify □ Opened 02/09 Last Active 3/14/18 □ As of the date you file, the claim is: Check all that apply □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 1 only □ Debtor 2 and Debtor 2 only □ Disputed □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 2 and Debtor 2 only □ Disputed □ Object 3 and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 2 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Objection arising out of a separation agreement or divorce that you did not report as priority claims □ Objection or profit-sharing plans, and other similar debts  |          | _  | _   |                                  |            |  |  |
| Check if this claim is for a community debt Is the claim subject to offset?  No Check if this claim is for a community debt Is the claim subject to offset?  No Check if this claim is for a community debt Is the claim subject to offset?  Contingent Contingent Content and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Is the claim subject to offset?  Check if this claim is for a community debt Check offset?  Check if this claim is for a community debt Check offset?  Check if this claim is for a community debt Check if this claim is fo  |          | _  |   |                                  |            |  |  |
| debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Other. Specify  Military Star/AAFES Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts  \$3  As of the date you file, the claim is: Check all that apply  Contingent Disputed Type of NoNPRIORITY unsecured claim: Student loans Debts of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  |          |  |   | d claim:                         |            |  |  |
| Military Star/AAFES Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No  Military Star/AAFES Last 4 digits of account number 8824 S3 Opened 02/09 Last Active When was the debt incurred? 3/14/18 As of the date you file, the claim is: Check all that apply  When was the debt incurred? 1/14/18  Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Dobligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |          | debt   | ☐ Obligations arising out of a sepa                 |                                  |            |  |  |
| Military Star/AAFES Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No  Military Star/AAFES Last 4 digits of account number 8824 S3 Opened 02/09 Last Active 3/14/18 As of the date you file, the claim is: Check all that apply  Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 as separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |          | No   |   |                                  |            |  |  |
| Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  Military Star/AAFES Last 4 digits of account number 8824  Opened 02/09 Last Active 3/14/18  As of the date you file, the claim is: Check all that apply  Opened 02/09 Last Active 3/14/18  As of the date you file, the claim is: Check all that apply  Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts   |          | Yes  | Other. Specify                                      |                                  |            |  |  |
| Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  Men was the debt incurred?  Men was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  | 0        | •  | Last 4 digits of account number                     | 8824                             | \$3,814.00 |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  |          | Attention: Bankruptcy Po Box 650060                          | When was the debt incurred?                         | •                                |            |  |  |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts  | -        | Number Street City State Zlp Code                            | As of the date you file, the claim                  |                                  |            |  |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  |          | _  |   |                                  |            |  |  |
| □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts   |          | _  |   |                                  |            |  |  |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts   |          | _  |   | d claim:                         |            |  |  |
| debt  Is the claim subject to offset?  ■ No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |          |  | <u> </u>  |                                  |            |  |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |          | debt   | 0 0 1   |                                  |            |  |  |
| ☐ Yes ☐ Other. Specify Charge Account  |          | _  |   |                                  |            |  |  |
|  |          | Yes  | · · · · · · · · · · · · · · · · · · ·               |                                  |            |  |  |

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Timothy Edward Leonard Case number (if know)

| Debioi | Timothy Edward Leonard   |  | Case Hulliber (II know)                       |            |
|--------|--|--|---|------------|
| 4.1    | OneMain  | Last 4 digits of account number                              | 2576  | \$8,157.00 |
|        | Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>601 Nw 2nd St<br>Evansville. IN 47708 | When was the debt incurred?                                  | Opened 08/15 Last Active 3/01/18              |            |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|        | Yes  | Other. Specify Note Loan                                     |   |            |
| 4.1    | Onemain Financial Nonpriority Creditor's Name  | Last 4 digits of account number                              | 9246  | \$0.00     |
|        | Attn: Bankruptcy<br>Po Box 3251  | When was the debt incurred?                                  | Opened 8/21/15 Last Active 2/03/17            |            |
|        | Evansville, IN 47731  Number Street City State Zlp Code                                  | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | ,  |   |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt   |  | aration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?  | report as priority claims                                    |   |            |
|        | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts              |            |
|        | Yes  | Other. Specify Unsecured                                     |   |            |
| 4.1    | Onemain Financial Nonpriority Creditor's Name  | Last 4 digits of account number                              | 6011  | \$0.00     |
|        | Attn: Bankruptcy Po Box 3251 Evansville, IN 47731  | When was the debt incurred?                                  | Opened 9/27/13 Last Active 8/21/15            |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  |  |   |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | tration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|        | Yes  | Other. Specify Unsecured                                     |   |            |
|        |  |  |   |            |

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| Timothy Edward Leonard   |   | Case number (if know)  |        |
|--|---|--|--------|
| Onemain Financial  | Last 4 digits of account number   | 7309   | 9      |
| Nonpriority Creditor's Name  | Last 4 digits of account number   |  | Ψ      |
| Attn: Bankruptcy   |   | Opened 6/20/12 Last Active   |        |
| Po Box 3251  | When was the debt incurred?   | 9/27/13  |        |
| Evansville, IN 47731  Number Street City State Zlp Code              | As of the date you file, the claim  | in Charle all that apply   |        |
| Who incurred the debt? Check one.                                    | As of the date you me, the claim  | в. Спеск ан тат арргу  |        |
| Debtor 1 only  | Пол   |  |        |
|  | ☐ Contingent  |  |        |
| Debtor 2 only  | ☐ Unliquidated  |  |        |
| Debtor 1 and Debtor 2 only   | Disputed  | d alaim.   |        |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans                                    | d Claim:   |        |
| ☐ Check if this claim is for a community debt                        | _   |  |        |
| Is the claim subject to offset?                                      | <ul> <li>Obligations arising out of a separe report as priority claims</li> </ul> | aration agreement or divorce that you did not  |        |
| ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts   |        |
| Yes  | Other. Specify Unsecured  |  |        |
| Onemain Financial  | Last 4 digits of account number   | 6971   | \$     |
| Nonpriority Creditor's Name  | _   |  |        |
| Attn: Bankruptcy   |   | Opened 2/28/11 Last Active   |        |
| Po Box 3251  | When was the debt incurred?   | 6/20/12  |        |
| Evansville, IN 47731  Number Street City State Zlp Code              | As of the date you file, the claim  | is: Check all that apply   |        |
| Who incurred the debt? Check one.                                    | ,   | The control of the co |        |
| Debtor 1 only  | ☐ Contingent  |  |        |
| ☐ Debtor 2 only  | ☐ Unliquidated  |  |        |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | d claim:   |        |
|  | ☐ Student loans   |  |        |
| ☐ Check if this claim is for a community debt                        |   | aration agreement or divorce that you did not  |        |
| Is the claim subject to offset?                                      | report as priority claims   | tration agreement or divorce that you did not  |        |
| ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts   |        |
| Yes  | ■ Other. Specify Unsecured  |  |        |
| Portfolio Recovery   | Last 4 digits of account number   | 4311   | \$3,76 |
| Nonpriority Creditor's Name  |   |  | 70,.0  |
| Po Box 41067   | When was the debt incurred?   | Opened 11/17   |        |
| Norfolk, VA 23541  |   | Fr. O. J. H.H  |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | ъ. Спеск ан тлат арргу   |        |
| Debtor 1 only  | Пол   |  |        |
|  | ☐ Contingent  |  |        |
| Debtor 2 only  | ☐ Unliquidated  |  |        |
| Debtor 1 and Debtor 2 only   | Disputed  | d alaine   |        |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecure  | o ciaim:   |        |
| ☐ Check if this claim is for a community debt                        | ☐ Student loans   | retion agreement or divorce that we did .  |        |
| Is the claim subject to offset?                                      | report as priority claims   | aration agreement or divorce that you did not  |        |
| ■ No   | Debts to pension or profit-sharir   | ng plans, and other similar debts  |        |
|  |   | ompany Account Synchrony Bank  |        |
| ☐ Yes  | Other. Specify Factoring C  | ompany Account Synchiony Dank  |        |

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Case number (if know) Document

| Debtor            | 1 Timothy Edward Leonard   |   | Case number (if know)  |                           |  |  |  |
|-------------------|--|---|--|---------------------------|--|--|--|
| 4.1               | Cunchrony Bonk/Como  |   | 4211   | <b>\$0.00</b>             |  |  |  |
| 7                 | Synchrony Bank/Sams Nonpriority Creditor's Name  | Last 4 digits of account number   | 4311   | \$0.00                    |  |  |  |
|                   | Attn: Bankruptcy   |   | Opened 02/04 Last Active   |                           |  |  |  |
|                   | Po Box 965060  | When was the debt incurred?   | 3/14/17  | -                         |  |  |  |
|                   | Orlando, FL 32896  Number Street City State Zlp Code   | As of the date you file the claim   | is: Check all that apply   |                           |  |  |  |
|                   | Who incurred the debt? Check one.  | As of the date you file, the claim  | ь. Спеск ан тат арргу  |                           |  |  |  |
|                   | ■ Debtor 1 only  | ☐ Contingent  |  |                           |  |  |  |
|                   |  |   |  |                           |  |  |  |
|                   | Debtor 2 only  | ☐ Unliquidated  |  |                           |  |  |  |
|                   | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:   |                           |  |  |  |
|                   | At least one of the debtors and another  | Student loans   | u ciaiii.  |                           |  |  |  |
|                   | ☐ Check if this claim is for a community debt  | _   | aration agreement or divorce that you did not                              |                           |  |  |  |
|                   | Is the claim subject to offset?  | report as priority claims   | aration agreement of divorce that you did not                              |                           |  |  |  |
|                   | ■ No   | ☐ Debts to pension or profit-sharing  | ng plans, and other similar debts  |                           |  |  |  |
|                   | Yes  | Other. Specify Charge Acc   | count  | _                         |  |  |  |
| 4.1               |  |   |  |                           |  |  |  |
| 4.1<br>8          | Union Bank & Trust   | Last 4 digits of account number   | 0514   | \$0.00                    |  |  |  |
|                   | Nonpriority Creditor's Name  |   | Opened 05/14 Leat Active   |                           |  |  |  |
|                   | Attn: Deposit Services Po Box 82535  | When was the debt incurred?   | Opened 05/14 Last Active 6/01/16   |                           |  |  |  |
|                   | Lincoln, NE 68506  |   | 0/01/10  |                           |  |  |  |
|                   | Number Street City State Zlp Code  | As of the date you file, the claim  | is: Check all that apply   |                           |  |  |  |
|                   | Who incurred the debt? Check one.  |   |  |                           |  |  |  |
|                   | Debtor 1 only  | ☐ Contingent  |  |                           |  |  |  |
|                   | Debtor 2 only  | ☐ Unliquidated  |  |                           |  |  |  |
|                   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                           |  |  |  |
|                   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:   |                           |  |  |  |
|                   | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                           |  |  |  |
|                   | debt   |   | aration agreement or divorce that you did not                              |                           |  |  |  |
|                   | Is the claim subject to offset?  | report as priority claims   |  |                           |  |  |  |
|                   | No   | Debts to pension or profit-sharing  | ng plans, and other similar debts  |                           |  |  |  |
|                   | Yes  | Other. Specify Automobile   |  |                           |  |  |  |
| Part 3:           | List Others to Be Notified About a D   | ebt That You Already Listed   |  |                           |  |  |  |
| is tryi<br>have i | nis page only if you have others to be notified<br>ng to collect from you for a debt you owe to s<br>more than one creditor for any of the debts th<br>ad for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>at you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the collection agency                              | y here. Similarly, if you |  |  |  |
|                   | nd Address<br>Il Management Services   | On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one):                         | list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ima                       |  |  |  |
|                   | 2 S. Ogden Street  | <del>_</del> ` ' _  | _  |                           |  |  |  |
|                   | o, NY 14206-2317   | •   | Part 2: Creditors with Nonpriority Unsecured                               | Claims                    |  |  |  |
|                   |  | Last 4 digits of account number   |  |                           |  |  |  |
| Name a            | nd Address   | On which entry in Part 1 or Part 2 did you  | list the original creditor?  |                           |  |  |  |
|                   | star Location Services, LLC  |   | Part 1: Creditors with Priority Unsecured Clai                             | ms                        |  |  |  |
|                   | inancial Services Dept   | •   | Part 2: Creditors with Nonpriority Unsecured                               | Claims                    |  |  |  |
|                   | Genesee Street<br>o, NY 14225-1943   |   |  |                           |  |  |  |
| Dullai            | J, NT 14223-1943   | Last 4 digits of account number   |  |                           |  |  |  |
| Name a            | nd Address   | On which entry in Part 1 or Part 2 did you  | list the original creditor?  |                           |  |  |  |
| Transv            | world Systems  | · · · · · · · · · · · · · · · · · · ·   | Part 1: Creditors with Priority Unsecured Clai                             | ms                        |  |  |  |
|                   | x 15110  |   | Part 2: Creditors with Nonpriority Unsecured                               | Claims                    |  |  |  |
| vvilmir           | ngton, DE 19850  | Last 4 digits of account number 8824  |  |                           |  |  |  |
|                   |  | <u> </u>  |  |                           |  |  |  |
| Part 4:           | Add the Amounts for Each Type of L   | Insecured Claim   |  |                           |  |  |  |

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Debtor 1 Timothy Edward Leonard

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>21,186.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>21,186.00 |

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|                     |                          | 20001110           | 1 000 20 01 00 |  |
|---------------------|--------------------------|--------------------|----------------|--|
| Fill in this infor  | rmation to identify your | case:              |                |  |
| Debtor 1            | Timothy Edward L         | eonard             |                |  |
|                     | First Name               | Middle Name        | Last Name      |  |
| Debtor 2            |                          |                    |                |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name      |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEBRAS | KA             |  |
| Case number         |                          |                    |                |  |
| (if known)          |                          |                    |                |  |
|                     |                          |                    |                |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     |           |                           |                       |                   | <u> </u>                                |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.2 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     |           |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   |   |
|     |           |                           |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.3 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     |           |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | <u>—</u>                                |
|     |           |                           |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.4 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     |           |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | _                                       |
|     | Nullibei  | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.5 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | <u>—</u>                                |
|     |           |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | <u> </u>                                |
|     |           |                           |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          | _                                       |
|     | •         |                           |                       |                   |   |

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|                                  |   | Docume  | nt Page 30 of               | <u>f 55                                    </u>  |             |
|----------------------------------|---|---|-----------------------------|--|-------------|
| Fill in this                     | information to identify your  | case:   |                             |  |             |
| Debtor 1                         | Timothy Edward L  | eonard  |                             |  |             |
| Dobto: 1                         | First Name  | Middle Name   | Last Name                   |  |             |
| Debtor 2                         |   |   |                             |  |             |
| (Spouse if, filir                | ng) First Name  | Middle Name   | Last Name                   |  |             |
| United Sta                       | tes Bankruptcy Court for the:   | DISTRICT OF NEBRAS                                      | KA                          |  |             |
| Case numb                        | her   |   |                             |  |             |
| (if known)                       |   | <del></del>   |                             | ☐ Check if this is an  |             |
|                                  |   |   |                             | amended filing   |             |
| Sched<br>Codebtors<br>Deople are | filing together, both are equ   | re also liable for any deb<br>ally responsible for supp | lying correct information   | 12/15 s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page  |             |
|                                  | nd number the entries in the<br>and case number (if known)                |   |                             | o this page. On the top of any Additional Pages, write   |             |
| 1. Do :                          | you have any codebtors? (If   | you are filing a joint case, o                          | do not list either spouse a | as a codebtor.   |             |
| ■ N.                             |   |   |                             |  |             |
| ■ No                             |   |   |                             |  |             |
| ☐ Yes                            | i   |   |                             |  |             |
|                                  | nin the last 8 years, have you<br>a, California, Idaho, Louisiana         |   |                             | (Community property states and territories include ngton, and Wisconsin.)  |             |
| ■ No                             | Go to line 3.   |   |                             |  |             |
|                                  | . Did your spouse, former spo   | use, or legal equivalent live                           | with you at the time?       |  |             |
|                                  | 214 ) 041 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                             | acc, c. logal equitalent in c                           | man you at ano amo          |  |             |
| in line<br>Form<br>out Co        | 2 again as a codebtor only i<br>106D), Schedule E/F (Official<br>blumn 2. | f that person is a guaran                               | tor or cosigner. Make s     | if your spouse is filing with you. List the person show<br>sure you have listed the creditor on Schedule D (Offic<br>6G). Use Schedule D, Schedule E/F, or Schedule G to | ial<br>fill |
|                                  | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z        | P Code  |                             | Column 2: The creditor to whom you owe the debit Check all schedules that apply:   | t           |
| 3.1                              |   |   |                             | Cohodula D. lina   |             |
|                                  | Name  |   |                             | _ □ Schedule D, line<br>□ Schedule E/F, line   |             |
|                                  |   |   |                             | ☐ Schedule E/F, line   |             |
| _                                |   |   |                             |  |             |
|                                  | Number Street   | Chala   | ZID Codo                    |  |             |
| ,                                | City  | State   | ZIP Code                    |  |             |
| 3.2                              |   |   |                             | □ Schodula D. lina   | _           |
|                                  | Name  |   |                             | _ □ Schedule D, line<br>□ Schedule E/F, line   |             |
|                                  |   |   |                             | ☐ Schedule E/F, line   |             |
| _                                |   |   |                             |  |             |
|                                  | Number Street   |   |                             |  |             |

State

City

ZIP Code

| EIII               | in this information to id-  | entify your ca                               | 200  |   |                     |                |                      |                       |  |                                 |                 |
|--------------------|---|--|--|---|---------------------|----------------|----------------------|-----------------------|--|---------------------------------|-----------------|
|                    |   |  | ard Leonard  |   |                     |                |                      |                       |  |                                 |                 |
| _                  | btor 2  |  |  |   |                     |                |                      |                       |  |                                 |                 |
| Uni                | ited States Bankruptcy  | Court for the:                               | DISTRICT OF NEBRA  | ASKA  |                     | _              |                      |                       |  |                                 |                 |
| (If kr             | se number   | nei  |  |   |                     |                | □ A<br>□ A<br>1:     | 3 income              | ed filing<br>ent showing<br>as of the fo | g postpetition<br>llowing date: | chapter         |
|                    | chedule I: Yo   |  | ama.   |   |                     |                | M                    | IM / DD/ Y            | YYY                                      |                                 | 12/15           |
| sup<br>spo<br>atta | plying correct informations. If you are separa                          | ation. If you<br>ted and you<br>this form. ( | ible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any additi | ng jointly, and your<br>th you, do not incl | spouse<br>ude infor | is liv<br>mati | ing with<br>on about | you, incl<br>your spo | ude inform<br>ouse. If mo                | nation about<br>ore space is i  | your<br>needed, |
| 1.                 | Fill in your employm information.                                       | nent   |  | Debtor 1                                    |                     |                |                      | Debtor 2              | or non-fil                               | ing spouse                      |                 |
|                    | If you have more than<br>attach a separate pag<br>information about add | ge with                                      | Employment status  | ☐ Employed ■ Not employed                   |                     |                |                      | ☐ Emplo               | •  |                                 |                 |
|                    | employers.  | altional                                     | Occupation   | Disabled (age 5                             | 3)                  |                |                      |                       |  |                                 |                 |
|                    | Include part-time, sea self-employed work.                              | sonal, or                                    | Employer's name  |   |                     |                |                      |                       |  |                                 |                 |
|                    | Occupation may inclu<br>or homemaker, if it ap                          |  | Employer's address   |   |                     |                |                      |                       |  |                                 |                 |
|                    |   |  | How long employed the  | here?                                       |                     |                |                      | _                     |  |                                 |                 |
| Pai                | rt 2: Give Details  | About Mon                                    | thly Income  |   |                     |                |                      |                       |  |                                 |                 |
|                    | mate monthly income<br>use unless you are sepa                          |  | ate you file this form. If y   | you have nothing to                         | report for          | any            | line, write          | \$0 in the            | space. Incl                              | lude your nor                   | n-filing        |
|                    | ou or your non-filing spo<br>e space, attach a separ                    |  | re than one employer, co   | ombine the information                      | on for all e        | empl           | oyers for            | that perso            | on on the lin                            | nes below. If y                 | ou need         |
|                    |   |  |  |   |                     |                | For Dek              | otor 1                |  | otor 2 or<br>ng spouse          |                 |
| 2.                 |   |  | ry, and commissions (becalculate what the month)   |   | 2.                  | \$             |                      | 0.00                  | \$                                       | N/A                             |                 |
| 3.                 | Estimate and list mo  | onthly overti                                | me pay.  |   | 3.                  | +\$            |                      | 0.00                  | +\$                                      | N/A                             |                 |
| 4.                 | Calculate gross Inco  | ome. Add lin                                 | e 2 + line 3.  |   | 4.                  | \$             |                      | 0.00                  | \$                                       | N/A                             |                 |

| Deb | tor 1         | Timothy Edward Leonard  | -        | C  | Case r      | number (if known) | - |        |                    |                |  |
|-----|---------------|---|----------|----|-------------|-------------------|---|--------|--------------------|----------------|--|
|     |               |   |          |    | For I       | Debtor 1          |   |        | Debtor<br>filing s |                |  |
|     | Сор           | y line 4 here   | 4.       |    | \$          | 0.00              |   | \$     | 9                  | N/A            | <u> </u>                                     |
| 5.  | List          | all payroll deductions:   |          |    |             |                   |   |        |                    |                |  |
| ٥.  | 5a.           | Tax, Medicare, and Social Security deductions   | 5a       |    | \$          | 0.00              |   | \$     |                    | N/A            |  |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b       |    | \$<br>      | 0.00              | _ | \$     |                    | N/A            | _  |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c.      |    | <u>\$</u> — | 0.00              | _ | \$     |                    | N/A            | _  |
|     | 5d.           | Required repayments of retirement fund loans  | 5d       |    | \$          | 0.00              | _ | \$     |                    | N/A            | _  |
|     | 5e.           | Insurance   | 5e       |    | \$          | 0.00              | - | \$     |                    | N/A            | _  |
|     | 5f.           | Domestic support obligations  | 5f.      |    | \$          | 0.00              | - | \$     |                    | N/A            | _  |
|     | 5g.           | Union dues  | 5g       |    | \$          | 0.00              | - | \$     |                    | N/A            | _  |
|     | 5h.           | Other deductions. Specify:  | 5h       |    | <u>*</u> —  | 0.00              | _ |        |                    | N/A            | _  |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.  |    | · —<br>\$   | 0.00              | - | \$     |                    | N/A            | _  |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |    | \$          | 0.00              | - | \$<br> |                    | N/A            | _  |
|     |               |   | ۲.       |    | Ψ           | 0.00              | - | Ψ      |                    | IN/A           | _  |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                             |          |    |             |                   |   |        |                    |                |  |
|     |               | monthly net income.   | 8a       |    | \$          | 0.00              |   | \$     |                    | N/A            | <u>.                                    </u> |
|     | 8b.           | Interest and dividends  | 8b       |    | \$          | 0.00              |   | \$     |                    | N/A            | <u>.                                    </u> |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      |    | \$          | 0.00              |   | \$     |                    | N/A            | <u>.</u>                                     |
|     | 8d.           | Unemployment compensation   | 8d       |    | \$          | 0.00              |   | \$     |                    | N/A            |  |
|     | 8e.           | Social Security   | 8e       |    | \$          | 856.80            |   | \$     |                    | N/A            | <u>.                                    </u> |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:                  | e<br>8f. |    | \$          | 0.00              |   | \$     |                    | N/A            |  |
|     | 8g.           | Pension or retirement income  | 8g       |    | \$          | 2,973.86          |   | \$     |                    | N/A            | <u>.                                    </u> |
|     | 8h.           | Other monthly income. Specify: Treasury pymts   | _ 8h     | .+ | \$          | 54.40             | + | + \$   |                    | N/A            |  |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$ | 5           | 3,885.06          |   | \$     |                    | N/             | Α  |
| 10  | Calc          | culate monthly income. Add line 7 + line 9.   | 10.      | \$ | 2           | 3,885.06 + \$     |   |        | N/A                | = \$           | 3,885.06                                     |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.      | Ψ_ |             | 5,003.00 F        | _ |        | IN//               | - Ψ -          | 3,003.00                                     |
| 11. | Stat<br>Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a second contribution. | depe     |    |             | •                 |   |        | chedule<br>11.     |                | 0.00   |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |          |    |             |                   |   |        | 12.                | \$             | 3,885.06                                     |
| 13  | Dov           | you expect an increase or decrease within the year after you file this form   | ?        |    |             |                   |   |        |                    | Combi<br>month | ned<br>ly income                             |
|     | <b>I</b>      | No.   | •        |    |             |                   |   |        |                    |                |  |
|     | $\overline{}$ | Yes Explain:  |          |    |             |                   |   |        |                    |                |  |

| Fill in th                   | is information to identify ye   | our case:   |                  |  |                 |                                   |                               |
|------------------------------|---|---|------------------|--|-----------------|-----------------------------------|-------------------------------|
|                              |   |   |                  |  |                 |                                   |                               |
| Debtor 1                     | Timothy Edw   | ard Leonard   |                  |  | Che             | ck if this is:  An amended filing |                               |
| Debtor 2                     |   |   |                  |  |                 | A supplement show                 | ving postpetition chapter     |
| (Spouse,                     | , if filing)  |   |                  |  |                 | 13 expenses as of                 | the following date:           |
| United St                    | tates Bankruptcy Court for the  | E: DISTRICT OF NEBR   | RASKA            |  |                 | MM / DD / YYYY                    |                               |
| Case nur                     |   |   |                  |  |                 |                                   |                               |
| (If known                    | 1)  |   |                  |  |                 |                                   |                               |
| Offic                        | ial Form 106J   |   |                  |  |                 |                                   |                               |
|                              | edule J: Your   | Expenses  |                  |  |                 |                                   | 12/1:                         |
| Be as c<br>informa<br>number | omplete and accurate as<br>ation. If more space is ne<br>r (if known). Answer eve | s possible. If two marri<br>eeded, attach another s<br>ry question. |                  |  |                 |                                   | or supplying correct          |
| Part 1:                      | Describe Your House this a joint case?  | ehold   |                  |  |                 |                                   |                               |
|                              | No. Go to line 2.   |   |                  |  |                 |                                   |                               |
|                              | Yes. Does Debtor 2 live   | in a separate househo   | ld?              |  |                 |                                   |                               |
|                              | □ No  |   |                  |  |                 |                                   |                               |
|                              | LI Yes. Debtor 2 mu   | st file Official Form 106J  | -2, Expenses for | Separate House                           | nold of Dec     | otor 2.                           |                               |
| 2. <b>Do</b>                 | you have dependents?  | ■ No  |                  |  |                 |                                   |                               |
|                              | not list Debtor 1 and bbtor 2.  | ☐ Yes. Fill out this integrated each dependent                      |                  | Dependent's relati<br>Debtor 1 or Debtor |                 | Dependent's age                   | Does dependent live with you? |
|                              | not state the   |   |                  |  |                 |                                   | □ No                          |
| ue                           | pendents names.   |   | _                |  |                 |                                   | □ Yes<br>□ No                 |
|                              |   |   | _                |  |                 |                                   | ☐ Yes                         |
|                              |   |   |                  |  |                 |                                   | □ No                          |
|                              |   |   | _                |  |                 |                                   | ☐ Yes                         |
|                              |   |   |                  |  |                 |                                   | □ No<br>□ Yes                 |
| 3. <b>Do</b>                 | your expenses include   | ■ No  | _                |  |                 | <del>-</del>                      | □ 162                         |
|                              | penses of people other t<br>urself and your depende                               | than  |                  |  |                 |                                   |                               |
| Part 2:                      | _   |   |                  |  |                 |                                   |                               |
| Estimat expens               | te your expenses as of y<br>es as of a date after the<br>ble date.                | our bankruptcy filing d   |                  |  |                 |                                   |                               |
|                              | expenses paid for with<br>ue of such assistance an                                |   |                  |  |                 |                                   |                               |
| (Officia                     | l Form 106l.)   |   |                  |  |                 | Your exp                          | enses                         |
|                              | e rental or home owners<br>yments and any rent for th                             |   | residence. Inclu | ude first mortgage                       | e<br>4. \$      | <b>.</b>                          | 524.00                        |
| lf r                         | not included in line 4:   |   |                  |  |                 |                                   |                               |
| 4a.                          | . Real estate taxes   |   |                  |  | 4a. S           | 6                                 | 0.00                          |
| 4b                           |   | s, or renter's insurance  |                  |  | 4b. S           | ·                                 | 0.00                          |
| 4c.                          |   | epair, and upkeep expen   |                  |  | 4c. \$          |                                   | 150.00                        |
| 4d.                          |   | tion or condominium due   |                  | oquity loops                             | 4d. \$<br>5. \$ | ·                                 | 0.00                          |
| 5. <b>A</b> d                | lditional mortgage paym   | ento for your residence   | c, such as nome  | equity idalis                            | ე. მ            | ν                                 | 0.00                          |

| Debtor 1 Timoth                                       | y Edward Leonard  | Case num     | ber (if known) |                              |
|---|---|--------------|----------------|------------------------------|
|   |   |              |                |                              |
| <ol> <li>Utilities:</li> <li>6a. Electrici</li> </ol> | ity, heat, natural gas  | 6a.          | \$             | 400.00                       |
|   | sewer, garbage collection   | 6b.          |                | 225.00                       |
|   | one, cell phone, Internet, satellite, and cable services  |              |                |                              |
| •   |   | 6c.          | · -            | 325.00                       |
| 6d. Other. S  |   | 6d.          | ·              | 0.00                         |
|   | usekeeping supplies   | 7.           | ·              | 425.00                       |
|   | d children's education costs  | 8.           |                | 0.00                         |
| <u> </u>  | ndry, and dry cleaning  | 9.           | \$             | 75.00                        |
|   | e products and services   | 10.          | \$             | 100.00                       |
| <ol> <li>Medical and of</li> </ol>                    | dental expenses   | 11.          | \$             | 125.00                       |
|   | on. Include gas, maintenance, bus or train fare.  | 4.0          | •              | 400.00                       |
|   | e car payments.   | 12.          | ·              | 400.00                       |
|   | nt, clubs, recreation, newspapers, magazines, and books   | 13.          | ·              | 100.00                       |
| <ol> <li>Charitable co</li> </ol>                     | ontributions and religious donations  | 14.          | \$             | 0.00                         |
| 5. Insurance.   |   |              |                |                              |
|   | e insurance deducted from your pay or included in lines 4 or 20.  |              | _              |                              |
| 15a. Life insu  |   | 15a.         |                | 0.00                         |
| 15b. Health i   |   | 15b.         | · <u> </u>     | 0.00                         |
| 15c. Vehicle  | insurance   | 15c.         | \$             | 212.00                       |
| 15d. Other in   | nsurance. Specify:  | 15d.         | \$             | 0.00                         |
|   | t include taxes deducted from your pay or included in lines 4 or 20.  |              | <del>_</del>   |                              |
| · · · · · · · · · · · · · · · · · · ·                 | nicle taxes/license   | 16.          | \$             | 35.00                        |
| 7. Installment o                                      | r lease payments:   | <del></del>  | -              |                              |
| 17a. Car pay  | ments for Vehicle 1   | 17a.         | \$             | 0.00                         |
| 17b. Car pay  | ments for Vehicle 2   | 17b.         | \$             | 0.00                         |
| 17c. Other. S   | Specify:  | 17c.         | \$             | 0.00                         |
| 17d. Other. S   | Specify:  | 17d.         | \$             | 0.00                         |
| 3. Your paymen  | its of alimony, maintenance, and support that you did not report a  | as           |                |                              |
|   | m your pay on line 5, Schedule I, Your Income (Official Form 106I)  |              | \$             | 0.00                         |
| Other payme   | nts you make to support others who do not live with you.  |              | \$             | 0.00                         |
| Specify:  |   | 19.          |                |                              |
| O. Other real pro                                     | operty expenses not included in lines 4 or 5 of this form or on Sci   | hedule I: Yo | our Income.    |                              |
| 20a. Mortgaç  | ges on other property   | 20a.         | \$             | 0.00                         |
| 20b. Real es  | tate taxes  | 20b.         | \$             | 0.00                         |
| 20c. Property   | y, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                         |
| 20d. Mainter  | nance, repair, and upkeep expenses  | 20d.         | \$             | 0.00                         |
| 20e. Homeov   | wner's association or condominium dues  | 20e.         | \$             | 0.00                         |
| I. Other: Specify                                     | y: Pet expense  | 21.          | ·              | 75.00                        |
|   | i et expense  |              | +\$            | 75.00                        |
| smoking<br>YMCA                                       |   |              | +\$            | 44.00                        |
| TIVICA  |   |              | <b>-</b> φ     | 44.00                        |
| 2. Calculate you                                      | ur monthly expenses   |              |                |                              |
| 22a. Add lines  | s 4 through 21.   |              | \$             | 3,290.00                     |
|   | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | !            | \$             |                              |
|   | 22a and 22b. The result is your monthly expenses.   |              | \$             | 3 300 00                     |
| ZZU. AUU III10 /                                      | zza ana zzb. The result is your monthly expenses.   |              | φ              | 3,290.00                     |
| 3. Calculate you                                      | ur monthly net income.  |              |                |                              |
| -   | ne 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 3,885.06                     |
|   | our monthly expenses from line 22c above.   | 23b.         |                | 3,290.00                     |
|   | ∑ - 1   |              |                |                              |
| 23c. Subtrac  | et your monthly expenses from your monthly income.  |              |                |                              |
|   | ult is your monthly net income.   | 23c.         | \$             | 595.06                       |
| 1110 100  |   |              | L              |                              |
| For example, do                                       | ct an increase or decrease in your expenses within the year after to you expect to finish paying for your car loan within the year or do you expect your he terms of your mortgage? |              |                | ase or decrease because of a |
| _   | to o. , our mongago.  |              |                |                              |
| ■ No.   | [= · · ·  |              |                |                              |
| П Уес   | Explain here:   |              |                |                              |

| modification to the t | erns or your mortgage: |
|-----------------------|------------------------|
| ■ No.                 |                        |
| ☐ Yes.                | Explain here:          |

| Fill in t   | his inform   | nation to identify your                    | case:                         |                                      |                       |                                  |  |  |  |  |
|---|--------------|--|-------------------------------|--------------------------------------|-----------------------|----------------------------------|--|--|--|--|
| Debtor  | 1            | Timothy Edward Lo                          |                               |                                      |                       |                                  |  |  |  |  |
|   |              | First Name                                 | Middle Name                   | Last Name                            |                       |                                  |  |  |  |  |
| Debtor  | _            |  |                               |                                      |                       |                                  |  |  |  |  |
| (Spouse if  | f, filing)   | First Name                                 | Middle Name                   | Last Name                            |                       |                                  |  |  |  |  |
| United 9  | States Bar   | nkruptcy Court for the:                    | DISTRICT OF NEBRASKA          |                                      |                       |                                  |  |  |  |  |
| Case no   | umber        |  |                               |                                      |                       |                                  |  |  |  |  |
| (if known)  |              |  |                               |                                      |                       | ☐ Check if this is an            |  |  |  |  |
|   |              |  |                               |                                      |                       | amended filing                   |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |
| O   | –            | 4000                                       |                               |                                      |                       |                                  |  |  |  |  |
|   |              | 106Dec                                     |                               |                                      |                       |                                  |  |  |  |  |
| Dec   | larati       | ion About a                                | ın Individual D               | ebtor's Sch                          | nedules               | 12/15                            |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |
| If two m  | arried pe    | ople are filing together                   | r, both are equally responsib | le for supplying corre               | ect information.      |                                  |  |  |  |  |
| You mu  | st file this | form whenever you fi                       | le bankruptcy schedules or a  | amended schedules. I                 | Making a false state  | ement, concealing property, or   |  |  |  |  |
| obtainin  | ng money     | or property by fraud in                    | n connection with a bankrupt  |                                      |                       | 00, or imprisonment for up to 20 |  |  |  |  |
| years, o  | r both. 18   | U.S.C. §§ 152, 1341, 1                     | 519, and 3571.                |                                      |                       |                                  |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |
|   | Sign         | Below                                      |                               |                                      |                       |                                  |  |  |  |  |
|   | Oigii        | Below                                      |                               |                                      |                       |                                  |  |  |  |  |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |              |  |                               |                                      |                       |                                  |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |
|   | No           |  |                               |                                      |                       |                                  |  |  |  |  |
|   | Yes. N       | ame of person                              |                               | kruptcy Petition Preparer's Notice,  |                       |                                  |  |  |  |  |
|   |              |  | Declaration                   | n, and Signature (Official Form 119) |                       |                                  |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |
|   |              | ty of perjury, I declare true and correct. | that I have read the summary  | y and schedules filed                | with this declaration | on and                           |  |  |  |  |
| ша  | it tiley are | ti de alla correct.                        |                               |                                      |                       |                                  |  |  |  |  |
| X   |              | thy Edward Leonard                         |                               | X                                    |                       |                                  |  |  |  |  |
|   |              | Edward Leonard                             |                               | Signature of D                       | ebtor 2               |                                  |  |  |  |  |
|   | Signature    | e of Debtor 1                              |                               |                                      |                       |                                  |  |  |  |  |
|   | Date A       | pril 13, 2018                              |                               | Date                                 |                       |                                  |  |  |  |  |
|   |              |  |                               |                                      |                       |                                  |  |  |  |  |

| Fill                 | in this infor                | mation to identify you  | case:   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|----------------------|------------------------------|---|---|---------------------------------|-------------------------|------------------------------------|-------------|---|--|--|--|--|--|--|
| Deb                  | otor 1                       | Timothy Edward I  | _eonard   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      |                              | First Name  | Middle Name   | Last                            | Name                    |                                    |             |   |  |  |  |  |  |  |
|                      | otor 2<br>use if, filing)    | First Name  | Middle Name   | Last                            | Name                    |                                    |             |   |  |  |  |  |  |  |
| Unit                 | ed States Ba                 | ankruptcy Court for the:  | DISTRICT OF NEBRASK   | (A                              |                         |                                    |             |   |  |  |  |  |  |  |
| Cas<br>(if kn        | e number _<br>own)           |   |   |                                 |                         |                                    |             | heck if this is an<br>mended filing                   |  |  |  |  |  |  |
| Sta<br>Be a<br>infor | s complete<br>mation. If r   | and accurate as possi   | Affairs for Individual ble. If two married people a attach a separate sheet to          | are filing to                   | gether, both are        | equally responsi                   |             |   |  |  |  |  |  |  |
|                      | <u> </u>                     | ,   | rital Status and Where You  | ı Lived Bef                     | ore                     |                                    |             |   |  |  |  |  |  |  |
| 1.                   | What is you                  | What is your current marital status?  |   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      | □ Married                    |   |   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      | ■ Not ma                     |   |   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
| 2.                   | During the                   | Ouring the last 3 years, have you lived anywhere other than where you live now? |   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      | ■ No<br>□ Yes. Li            | st all of the places you l  | ived in the last 3 years. Do no   | ot include v                    | here you live nov       | v.                                 |             |   |  |  |  |  |  |  |
|                      | Debtor 1 Prior Address:      |   | Dates Debtor 1 lived there  | I                               | Debtor 2 Prior Address: |                                    |             | Dates Debtor 2<br>lived there                         |  |  |  |  |  |  |
|                      | Within the less and territor |   | ? (Community property isconsin.)  |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      | ■ No □ Yes. M                | ake sure you fill out <i>Sch</i>  | nedule H: Your Codebtors (O   | fficial Form                    | 106H).                  |                                    |             |   |  |  |  |  |  |  |
| Par                  | Expla                        | in the Sources of You   | r Income  |                                 |                         |                                    |             |   |  |  |  |  |  |  |
| 4.                   | Fill in the tot              | al amount of income yo  | nployment or from operating u received from all jobs and a have income that you receive | all business                    | es, including part      | -time activities.                  | vious calen | dar years?  |  |  |  |  |  |  |
|                      | ■ No □ Yes. Fi               | II in the details.  |   |                                 |                         |                                    |             |   |  |  |  |  |  |  |
|                      |                              |   | Debtor 1  |                                 |                         | Debtor 2                           |             |   |  |  |  |  |  |  |
|                      |                              |   | Sources of income<br>Check all that apply.  | Gross i<br>(before<br>exclusion | deductions and          | Sources of inc<br>Check all that a |             | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |  |

Case 18-40647-TLS Doc 1 Filed 04/14/18 Entered 04/14/18 15:56:58 Desc Main Page 37 of 55 Document Case number (if known) Debtor 1 Timothy Edward Leonard Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Gross income from Sources of income Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until VA Benefits (estimated) \$8,921.58 the date you filed for bankruptcy: Social Security Benefits \$3,427.20 (estimated) For last calendar year: VA Benefits (estimated) \$34,986.60 (January 1 to December 31, 2017) Social Security Benefits \$13,392.00 For the calendar year before that: VA Benefits (estimated) \$35,000.00 (January 1 to December 31, 2016) Social Security Benefits

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

(estimated)

- Are either Debtor 1's or Debtor 2's debts primarily consumer debts?
  - Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- □ No. Go to line 7.
- ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\$13,400.00

- \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
- Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**Creditor's Name and Address Dates of payment** Total amount Amount you Was this payment for ... still owe paid

Case 18-40647-TLS Doc 1 Filed 04/14/18 Entered 04/14/18 15:56:58 Desc Main Page 38 of 55 Document Case number (if known) Debtor 1 Timothy Edward Leonard Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Amount you **Insider's Name and Address Total amount** Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened Military Star/AAFES Garnishing \$135/mo Various Unknown Attention: Bankruptcy Po Box 650060 □ Property was repossessed. Dallas, TX 75265 Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☐ Yes

No

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| Par | t 5: List Certain Gifts and Contribution   | ns                 |   |                                   |                           |  |  |
|-----|--|--------------------|---|-----------------------------------|---------------------------|--|--|
| 13. | Within 2 years before you filed for bank   | ruptcy, c          | did you give any gifts with a total value of more   | than \$600 per persor             | 1?                        |  |  |
|     | ■ No   |                    |   |                                   |                           |  |  |
|     | Yes. Fill in the details for each gift.  | .00                | Describe the office   | D-1                               | Walana                    |  |  |
|     | Gifts with a total value of more than \$6 per person   | 000                | Describe the gifts  | Dates you gave the gifts          | Value                     |  |  |
|     | Person to Whom You Gave the Gift and Address:  | d                  |   |                                   |                           |  |  |
| 14. | Within 2 years before you filed for bank   | ruptcy, c          | did you give any gifts or contributions with a tot  | al value of more thar             | s \$600 to any charity?   |  |  |
|     | No   |                    |   |                                   |                           |  |  |
|     | Yes. Fill in the details for each gift or  |                    |   | _                                 |                           |  |  |
|     | Gifts or contributions to charities that more than \$600   | total              | Describe what you contributed   | Dates you contributed             | Value                     |  |  |
|     | Charity's Name Address (Number, Street, City, State and ZIP Coo  | de)                |   |                                   |                           |  |  |
|     |  | uej                |   |                                   |                           |  |  |
| Par | List Certain Losses  |                    |   |                                   |                           |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?   | uptcy or           | since you filed for bankruptcy, did you lose any  | thing because of the              | eft, fire, other disaster |  |  |
|     | or gambling?   |                    |   |                                   |                           |  |  |
|     | □ No   |                    |   |                                   |                           |  |  |
|     | Yes. Fill in the details.  |                    |   |                                   |                           |  |  |
|     | Describe the property you lost and   | Descri             | be any insurance coverage for the loss  | Date of your                      | Value of property         |  |  |
|     | how the loss occurred  | Include<br>insurar | the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property. | loss                              | lost                      |  |  |
|     | 1998 Chevrolet Blazer was totaled \$1,807.00 received from insurance. in an accident on February 7, 2018. \$1,807.00 received from   |                    |   | February 7,<br>2018               | \$1,807.00                |  |  |
|     | insurance.   | insurance.         |   |                                   |                           |  |  |
|     |  |                    |   |                                   |                           |  |  |
| Par | t 7: List Certain Payments or Transfer   | rs                 |   |                                   |                           |  |  |
| 16. | Vithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you onsulted about seeking bankruptcy or preparing a bankruptcy petition?  nolude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |                    |   |                                   |                           |  |  |
|     | _  | F F                | -,  | ,                                 |                           |  |  |
|     | No   |                    |   |                                   |                           |  |  |
|     | Yes. Fill in the details.  |                    |   | D /                               |                           |  |  |
|     | Person Who Was Paid<br>Address   |                    | Description and value of any property transferred   | Date payment<br>or transfer was   | Amount of<br>payment      |  |  |
|     | Email or website address Person Who Made the Payment, if Not You   |                    |   | made                              |                           |  |  |
|     | Sam Turco Law Offices, P.C., L.L.O.  |                    | Attorney Fees (minus \$310.00 filing fees &   | 4/5/2018                          | \$600.00                  |  |  |
|     | 3006 South 87th Street   |                    | \$33.00 credit report fees)   |                                   | ·                         |  |  |
|     | Omaha, NE 68124<br>jessie.polson@SamTurcoLawOffices  | com                |   |                                   |                           |  |  |
|     |  |                    |   |                                   |                           |  |  |
| 4-  | Within Assess before a confident for both  |                    |   |                                   |                           |  |  |
| 17. | promised to help you deal with your cre Do not include any payment or transfer the   | editors o          |   | or transfer any prop              | erty to anyone wno        |  |  |
|     | ■ No   |                    |   |                                   |                           |  |  |
|     | ☐ Yes. Fill in the details.  |                    |   |                                   |                           |  |  |
|     | Person Who Was Paid<br>Address   |                    | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |  |  |
|     |  |                    |   |                                   |                           |  |  |

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Debtor 1 Timothy Edward Leonard

| <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proprinclude gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |  |                            |                 |   |   |
|--|--|--|----------------------------|-----------------|---|---|
|  | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v property transferr                                     |                            |                 | any property or<br>received or debts<br>change          | Date transfer was made                        |
| 19.  | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.   |  | y property to a s          | elf-settled tro | ust or similar device c                                 | of which you are a                            |
|  | Name of trust  | Description and v  | alue of the prope          | rty transferr   | red   | Date Transfer was made                        |
| <b>Par</b><br>20.  | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association of the cooperative of the cooperativ | y, were any financial ac<br>or other financial accour                    | counts or instrur          | nents held in   |   | ,   |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number  | Type of account instrument | clo             | nte account was<br>osed, sold,<br>oved, or<br>onsferred | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No Yes. Fill in the details.   |  |                            |                 |   |   |
|  | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, Si<br>State and ZIP Code)           |                            | escribe the     | contents  | Do you still have it?                         |
| <ul> <li>Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |  |  |                            |                 | y?  |   |
|  | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                            | escribe the     | contents  | Do you still have it?                         |
| Par  | t 9: Identify Property You Hold or Control   | for Someone Else   |                            |                 |   |   |
| 23.  | Do you hold or control any property that sor for someone.  No Yes. Fill in the details.  | meone else owns? Inclu   | ude any property           | you borrow      | ed from, are storing fo                                 | or, or hold in trust                          |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                            | escribe the     | property  | Value   |
|  | tt 10: Give Details About Environmental Info   | ormation   |                            |                 |   |   |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Timothy Edward Leonard

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No See Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Date of no No See Fill in the details.  No See Fill in the details.  |     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |  |   |                    |  |  |  |
|--|-----|---|--|---|--------------------|--|--|--|
| No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZiP Code) Andress (Numbe | Rep | ort all notices, releases, and proceedings that yo  | ou know about, regardless of wher        | they occurred.                          |                    |  |  |  |
| Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Nature of the case   Status of Case Number   Nature of the case   Status of Case Number   Address (Number, Street, City, State and ZIP Code)   State and ZIP Code)   State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   State St   | 24. | Has any governmental unit notified you that you   | u may be liable or potentially liable    | under or in violation of an environment | ntal law?          |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number Case Number Case Number Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Nature of the case Status of case  Status of case  Status of case Yes, Fill in the details.  Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Do not include Social Security number or Dates business existed  No Yes. Fill in the details below. Name Address Date Issued  |     | _   |  |   |                    |  |  |  |
| No   Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)  |     |   | Address (Number, Street, City, State and |   | Date of notice     |  |  |  |
| Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   No   Yes. Fill in the details.   Case Title   Court or agency   Name   Address (Number, Street, City, State and ZIP Code)   Name   Address (Number, Street, City, State and ZIP Code)   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business   Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business   Address (Number, Street, City, State and ZIP Code)   Describe the nature of the business   Describe the nature of the business   Name of accountant or bookkeeper   Do not include Social Security number or Dates business existed   No   Yes. Fill in the details below.   Name   Address   Date Issued   Date Issue    | 25. | Have you notified any governmental unit of any  | release of hazardous material?           |   |                    |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details. Case Title Case Number  Court or agency Name Address (Number, Street, City, State and ZIP Code)  Nature of the case Status of case  Status of case Status of case  Status of case  Nature of the case Status of case Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  In Status of case  Status of case  Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Status of case  Nature of the case Status of case  Nature of the case Status of case  Status of case  In Status of case  Nature of the case Status of case  Status of case  Status of case  Status of case  Status of case  Nature of the case Status of case  Status of c |     | _ ```   |  |   |                    |  |  |  |
| Tes. Fill in the details.  Case Title Case Number    Court or agency   Nature of the case   Status of case   |     |   | Address (Number, Street, City, State and |   | Date of notice     |  |  |  |
| Yes. Fill in the details.   Case Title   | 26. | Have you been a party in any judicial or adminis  | strative proceeding under any envi       | ronmental law? Include settlements a    | nd orders.         |  |  |  |
| Case Number    Name Address (Number, Street, City, State and ZIP Code)   |     | _ ```   |  |   |                    |  |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?    A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Dates business existed     28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.     No   |     |   | Name<br>Address (Number, Street, City,   | Nature of the case                      | Status of the case |  |  |  |
| □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time         □ A member of a limited liability company (LLC) or limited liability partnership (LLP)         □ A partner in a partnership         □ An officer, director, or managing executive of a corporation         □ An owner of at least 5% of the voting or equity securities of a corporation         ■ No. None of the above applies. Go to Part 12.         □ Yes. Check all that apply above and fill in the details below for each business.         Business Name Address (Number, Street, City, State and ZIP Code)       Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code)       Employer Identification number Do not include Social Security number or Dates business existed         28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.         ■ No □ Yes. Fill in the details below.         Name Address       Date Issued   | Par | 111: Give Details About Your Business or Con  | nections to Any Business                 |   |                    |  |  |  |
| □ A member of a limited liability company (LLC) or limited liability partnership (LLP)         □ A partner in a partnership         □ An officer, director, or managing executive of a corporation         □ An owner of at least 5% of the voting or equity securities of a corporation         ■ No. None of the above applies. Go to Part 12.         □ Yes. Check all that apply above and fill in the details below for each business.         Business Name Address (Number, Street, City, State and ZIP Code)       Describe the nature of the business Name On the original partnership (LLP)         Name of accountant or bookkeeper       Date susiness existed     28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  ■ No  □ Yes. Fill in the details below.  Name Address  Date Issued  Address  Address  Date Issued  Address  Address  Date Issued  Address  Date Issued  Date Issued  Address  Date Issued  Da   | 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have an        | y of the following connections to any   | business?          |  |  |  |
| □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.  No □ Yes. Fill in the details below.  Name Address  Date Issued  |     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |   |                    |  |  |  |
| □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business.  Business Name Address   |     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |   |                    |  |  |  |
| □ An owner of at least 5% of the voting or equity securities of a corporation  ■ No. None of the above applies. Go to Part 12.  □ Yes. Check all that apply above and fill in the details below for each business.  Business Name  |     | ☐ A partner in a partnership  | ☐ A partner in a partnership             |   |                    |  |  |  |
| No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  No Yes. Fill in the details below.  Describe the nature of the business Lemployer Identification number Do not include Social Security number or Dates business existed  No Date Issued  Date Issued  |     | ☐ An officer, director, or managing executive of a corporation  |  |   |                    |  |  |  |
| Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.  No Yes. Fill in the details below.  Date Issued  Date Issued  |     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |   |                    |  |  |  |
| Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.  No Yes. Fill in the details below.  Date Issued  Date Issued  |     | No. None of the above applies. Go to Part 12.   |  |   |                    |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Do not include Social Security number or Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address  Do not include Social Security number or Dates business existed   |     | _   |  | i.                                      |                    |  |  |  |
| Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finar institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address  Date Issued  |     |   | escribe the nature of the business       |   | umber or ITIN.     |  |  |  |
| institutions, creditors, or other parties.  ■ No □ Yes. Fill in the details below.  Name Address   |     | (Number, Street, City, State and ZIP Code)  | ame of accountant or bookkeeper          | Dates business existed                  |                    |  |  |  |
| ☐ Yes. Fill in the details below.  Name Address  Date Issued   | 28. |   | did you give a financial statement t     | o anyone about your business? Includ    | de all financial   |  |  |  |
| Address  |     | _   |  |   |                    |  |  |  |
|  |     | Address   | ate Issued                               |   |                    |  |  |  |

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Page 42 of 55 Case number (if known) Debtor 1 Timothy Edward Leonard

| Part 12: Sign Below                          |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| are true and correct. I unde                 | his <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answer of the stand that making a false statement, concealing property, or obtaining money or property by fraud in connecesult in fines up to \$250,000, or imprisonment for up to 20 years, or both.  and 3571. |  |  |  |  |  |
| /s/ Timothy Edward Leon                      | r <b>d</b>  |  |  |  |  |  |
| Timothy Edward Leonard Signature of Debtor 1 | Signature of Debtor 2   |  |  |  |  |  |
| <b>Date</b> April 13, 2018                   | Date  |  |  |  |  |  |
| Did you attach additional p                  | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |  |  |  |  |
| No   |   |  |  |  |  |  |
| ☐ Yes  |   |  |  |  |  |  |
| Did you pay or agree to pay                  | someone who is not an attorney to help you fill out bankruptcy forms?   |  |  |  |  |  |
| No   |   |  |  |  |  |  |
| ☐ Yes. Name of Person                        | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |  |  |  |  |  |

| Fill in this information to identify your case:              |                        |  |  |  |  |
|--|------------------------|--|--|--|--|
| Debtor 1   | Timothy Edward Leonard |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                              |                        |  |  |  |  |
| United States Bankruptcy Court for the: District of Nebraska |                        |  |  |  |  |
| Case number  |                        |  |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |  |
|-------|--|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |  |
| •     | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| spouses own the same rental property, put the income from that   | property in one column only. If you | nave nothing to report for | any line, write \$0 in the space.      |
|--|-------------------------------------|----------------------------|--|
|  |                                     | Column A Debtor 1          | Column B Debtor 2 or non-filing spouse |
| <ol><li>Your gross wages, salary, tips, bonuses, overtime<br/>payroll deductions).</li></ol>   | e, and commissions (before all      | \$31.73                    | \$                                     |
| <ol> <li>Alimony and maintenance payments. Do not includ<br/>Column B is filled in.</li> </ol>   | e payments from a spouse if         | \$                         | \$                                     |
| I. All amounts from any source which are regularly p<br>of you or your dependents, including child support<br>from an unmarried partner, members of your househot<br>and roommates. Do not include payments from a spot<br>you listed on line 3. | \$0.00                              | \$                         |  |
| <ol> <li>Net income from operating a business,<br/>profession, or farm</li> </ol>  | Debtor 1                            |                            |  |
| Gross receipts (before all deductions)   | \$0.00_                             |                            |  |
| Ordinary and necessary operating expenses  | -\$ 0.00                            |                            |  |
| Net monthly income from a business, profession, or fa  | arm \$ 0.00 Copy here -:            | >\$0.00                    | \$                                     |
| 6. Net income from rental and other real property  | Debtor 1                            |                            |  |
| Gross receipts (before all deductions)   | \$0.00                              |                            |  |
| Ordinary and necessary operating expenses  | <b>-</b> \$ <u>0.00</u>             |                            |  |
| Net monthly income from rental or other real property  | \$ 0.00 Copy here -:                | >\$0.00                    | \$                                     |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Timothy Edward Leonard Debtor 1 Case number (if known) Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 2.490.51 2.490.51 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 2,490.51 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 2,490.51 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 2,490.51 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 29,886.12 15b. The result is your current monthly income for the year for this part of the form.

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| Debt | or 1  | Timo      | othy Edward Leonard   |   | Case number (if known)   |               |                        |
|------|-------|-----------|---|---|--|---------------|------------------------|
| 16   | . Cal | culate    | the median family income that applies to  | you. Follow these steps:                                  |  |               |                        |
|      | 16a   | . Fill in | the state in which you live.  | NE  |  |               |                        |
|      | 16b   | . Fill in | the number of people in your household.   | 1   |  |               |                        |
|      |       |           | the median family income for your state and   | size of household.  |  | \$            | 46,813.00              |
|      |       | To fir    | nd a list of applicable median income amount actions for this form. This list may also be ava   | ts, go online using the link                              | specified in the separate                                      | Ψ_            |                        |
| 17   | . Hov |           | ne lines compare?   | mable at the bankruptcy ci                                | erk's office.  |               |                        |
|      | 17a   | . =       | Line 15b is less than or equal to line 16c. of 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do I  |   |  |               |                        |
|      | 17b   |           | Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a | ulation of Your Disposal                                  |  |               |                        |
| Par  | t 3:  | Cal       | culate Your Commitment Period Under 11  | U.S.C. § 1325(b)(4)                                       |  |               |                        |
| 18.  | Cop   | y you     | r total average monthly income from line  | 11  |  | \$            | 2,490.51               |
| 19.  | conf  | end th    | e marital adjustment if it applies. If you are<br>lat calculating the commitment period under<br>ncome, copy the amount from line 13.   | e married, your spouse is a<br>11 U.S.C. § 1325(b)(4) alk | not filing with you, and you<br>ows you to deduct part of your |               |                        |
|      | 19a   | . If the  | marital adjustment does not apply, fill in 0 or   | ı line 19a.   |  | -\$           | 0.00                   |
|      |       |           |   |   |  |               |                        |
|      | 19b   | Subt      | ract line 19a from line 18.   |   |  | \$            | 2,490.51               |
| 00   | 0-1   |           |   | E-Hamilton and a second                                   |  |               |                        |
| 20.  |       |           | your current monthly income for the year  |   |  | \$            | 2,490.51               |
|      | 20a   |           | line 19b  |   |  |               | - 10                   |
|      |       | iviuiti   | oly by 12 (the number of months in a year).   |   |  |               | <b>(</b> 12            |
|      | 20b   | . The r   | result is your current monthly income for the y   | year for this part of the form                            | m  | \$_           | 29,886.12              |
|      |       |           |   |   |  |               |                        |
|      | 20c   | Сору      | the median family income for your state and   | l size of household from lir                              | ne 16c   | \$_           | 46,813.00              |
|      | 21.   | How       | do the lines compare?   |   |  |               |                        |
|      |       |           | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.  | rise ordered by the court, o                              | on the top of page 1 of this form, ch                          | eck box 3, 7  | The commitment         |
|      |       |           | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.   | nless otherwise ordered b                                 | y the court, on the top of page 1 of                           | this form, ch | neck box 4, <i>The</i> |
| Par  | t 4:  | Sig       | n Below   |   |  |               |                        |
|      | By s  | igning    | here, under penalty of perjury I declare that   | the information on this sta                               | tement and in any attachments is t                             | rue and cor   | rect.                  |
| )    |       |           | thy Edward Leonard  |   |  |               |                        |
|      |       |           | Edward Leonard<br>e of Debtor 1   |   |  |               |                        |
|      |       | Apr       | il 13, 2018   |   |  |               |                        |
|      | If vo |           | DD / YYYY  cked 17a, do NOT fill out or file Form 122C-2  | ,   |  |               |                        |
|      | -     |           | cked 17b, fill out Form 122C-2 and file it with   |   | at form, copy your current monthly                             | income fron   | n line 14 above.       |
|      | , .   |           |   |   | · - · · · · · · · · · · · · · · · ·                            |               |                        |

Debtor 1 Timothy Edward Leonard

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2017 to 03/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Misc treasury benefit

Income by Month:

| 6 Months Ago: | 10/2017            | \$27.20 |
|---------------|--------------------|---------|
| 5 Months Ago: | 11/2017            | \$27.20 |
| 4 Months Ago: | 12/2017            | \$0.00  |
| 3 Months Ago: | 01/2018            | \$54.40 |
| 2 Months Ago: | 02/2018            | \$54.40 |
| Last Month:   | 03/2018            | \$27.20 |
|               | Average per month: | \$31.73 |

Line 9 - Pension and retirement income

Source of Income: VA benefit

Income by Month:

| 6 Months Ago: | 10/2017            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2017            | \$2,915.55 |
| 4 Months Ago: | 12/2017            | \$5,889.41 |
| 3 Months Ago: | 01/2018            | \$0.00     |
| 2 Months Ago: | 02/2018            | \$2,973.86 |
| Last Month:   | 03/2018            | \$2,973.86 |
|               | Average per month: | \$2,458.78 |

Non-CMI - Social Security Act Income

Source of Income: SS

Constant income of \$856.80 per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-40647-TLS Doc 1 Filed 04/14/18 Entered 04/14/18 15:56:58 Desc Main Document Page 51 of 55

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court District of Nebraska

| In re | Timothy Edward Leonard  |  | Case No.  |                          |              |  |  |
|-------|---|--|---|--------------------------|--------------|--|--|
|       | •   | Debtor(s)  | Chapter   | 13                       |              |  |  |
|       | DISCLOSURE OF COMPEN  | SATION OF ATTO   | RNEY FOR DI   | EBTOR(S)                 |              |  |  |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |   |                          |              |  |  |
|       | For legal services, I have agreed to accept   |  | \$  | 3,900.00                 |              |  |  |
|       | Prior to the filing of this statement I have received   |  | \$  | 257.00                   |              |  |  |
|       | Balance Due   |  | \$  | 3,643.00                 |              |  |  |
| 2.    | \$_310.00 of the filing fee has been paid.  |  |   |                          |              |  |  |
| 3.    | The source of the compensation paid to me was:  |  |   |                          |              |  |  |
|       | ■ Debtor □ Other (specify):   |  |   |                          |              |  |  |
| 4. ′  | The source of compensation to be paid to me is:   |  |   |                          |              |  |  |
|       | ■ Debtor □ Other (specify):   |  |   |                          |              |  |  |
| 5.    | ■ I have not agreed to share the above-disclosed compe  | ensation with any other person   | n unless they are mem   | bers and associates of n | ny law firm. |  |  |
|       | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |  |   |                          | v firm. A    |  |  |
| 6.    | In return for the above-disclosed fee, I have agreed to rer   | nder legal service for all aspe  | cts of the bankruptcy   | case, including:         |              |  |  |
| 1     | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce agreements and applications as needed; proof liens on household goods.</li> </ul>         | ment of affairs and plan which<br>rs and confirmation hearing, a<br>be to market value; exempt | ch may be required;<br>and any adjourned hea<br>tion planning; prepar | urings thereof;          | iffirmation  |  |  |
| 7.    | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any discha<br>adversary proceeding.  |  |   | ef from stay actions or  | r any other  |  |  |
|       |   | CERTIFICATION  |   |                          |              |  |  |
|       | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | agreement or arrangement for   | or payment to me for r  | epresentation of the deb | otor(s) in   |  |  |
| А     | pril 13, 2018   | /s/ Jessie C. Pols   | son   |                          |              |  |  |
|       | Date  | Jessie C. Polson   | #23646  |                          | _            |  |  |
|       |   | Signature of Attorn Sam Turco Law (  | <i>າey</i><br>Offices, P.C., L.L.O.                                   |                          |              |  |  |
|       |   | 3006 South 87th  |   |                          |              |  |  |
|       |   | Omaha, NE 6812   |   |                          |              |  |  |
|       |   |  | Fax: (402) 939-0960<br>amTurcoLawOffices                              |                          |              |  |  |
|       |   | Name of law firm   | a r droo_awomoes  |                          | _            |  |  |

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#### United States Bankruptcy Court District of Nebraska

| District of Nedraska  |   |         |    |  |  |  |  |  |  |  |
|---|---|---------|----|--|--|--|--|--|--|--|
| In re Timothy Edward Leonard  |   |         |    |  |  |  |  |  |  |  |
|   | Debtor(s)   | Chapter | 13 |  |  |  |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX  The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. |   |         |    |  |  |  |  |  |  |  |
| Date: April 13, 2018  | /s/ Timothy Edward Leonard Timothy Edward Leonard |         |    |  |  |  |  |  |  |  |

Signature of Debtor

Timothy Edward Leonard 402 S. 3rd St. Glenvil, NE 68941

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Ally Financial Attn: Bankruptcy Po Box 38090 Bloomington, MN 55438

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Capital Management Services 698 1/2 S. Ogden Street Buffalo, NY 14206-2317

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Carey's Pest Control, Inc. PO Box 895 Hastings, NE 68902

Citifinancia
Attn: Bankruptcy
605 Munn Dr
Fort Mill, SC 29715

Clay County Attorney P O Box 350 Sutton, NE 68979 Clay County Treasurer 111 West Fairfiled Street P O Box 134 Clay Center, NE 68933-0134

Dial Heating Air Conditioning 1402 West 2nd St. Hastings, NE 68901

Military Star/AAFES Attention: Bankruptcy Po Box 650060 Dallas, TX 75265

Northstar Location Services, LLC Attn: Financial Services Dept 4285 Genesee Street Buffalo, NY 14225-1943

OneMain Attn: Bankruptcy 601 Nw 2nd St Evansville, IN 47708

Onemain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Seterus, Inc. Attn: Bankruptcy Po Box 1077 Hartford, CT 06143

SouthLaw PC 13160 Foster, Ste. 100 Overland Park, KS 66213-2660

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

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Transworld Systems Po Box 15110 Wilmington, DE 19850

Union Bank Trust Attn: Deposit Services Po Box 82535 Lincoln, NE 68506